HEALTH CERTIFICATE

In the event that you are 60 years old or older, the medical certificate must be completed by your physician in connection with a medical examination and submitted together with the application. The costs for the medical examination shall be borne by the Insured Person or the Person Entitled to be Insured. If the space available in the form is not sufficient, please use the attachment provided for this purpose.

Examination Findings for:

Surname		Date of birth (dd/mm/yyyy)	
First name(s)			

1. In General:

		Answer	Finding/deviation/explanation
1.a	Have you examined, advised or treated the person already prior to this day?	☐ yes ☐ no	
1.b	Height:	cm	
	Weight:	kg	
	Abdominal girth:	cm	
1.c	Do you think that skeleton and locomotor system are in good order?	☐ yes ☐ no	
1.d	Do you think that skin, mucous membranes and lymph glands are healthy?	☐ yes ☐ no	
1.e	Do you think that the sensory organs are healthy?	☐ yes ☐ no	
1.f	Do you think that nervous system and psyche are healthy?	☐ yes ☐ no	
1.g	Are the reflexes normal?	☐ yes ☐ no	
1.h	Do you think that the hormonal system is healthy?	☐ yes ☐ no	
1.i	Does the thyroid gland show a normal form?	☐ yes ☐ no	
1.j	Are there grounds for suspecting a disease of organs?	☐ yes ☐ no	

Place, Date

Seal/Signature of the physician

State: 25.01.2022

Examination Findings for:

Surname		Date of birth (dd/mm/yyyy)	
First name(s)			

2. Cardiovascular System:

		Answer	Finding/deviation/explanation
2.a	Pulse at rest		
	Pulse after 10 knee bends		
	Return to normal in	minutes	
2.b	Blood pressure at rest	/ mmHg	
	Blood pressure after 10 knee bends	/ mmHg	
2.c	Are there any abnormal heart murmurs?	☐ yes ☐ no	
2.d	Does the patient suffer from an arrhythmia?	☐ yes ☐ no	
2.e	Is the heart enlarged or displaced?	☐ yes ☐ no	
2.f	Are there any signs of insufficiency?	☐ yes ☐ no	
2.g	Does the patient suffer from dyspnoea?	☐ yes ☐ no	

Please submit current laboratory results for blood glucose (BGL), glycated hemoglobin, uric acid, blood lipids (Total cholesterol/Triglycerides/LDL/HDL), liver values (Aspartate aminotransferase/Glutamic oxaloacetic transaminase, Alanine aminotransferase and gamma-GT), kidney values (creatinine clearance, creatinine and Urea) and tumor markers (KEA and prostate specific antigen (PSA)).

3. Blood Vessels:

		Answer	Finding/deviation/explanation
3.a	Are there any oedemas?	☐ yes ☐ no	
3.b	Does the patient suffer from haemorrhoids, varicose veins? If so: type?/extent?	☐ yes ☐ no	
3.c	Does the patients have any scars, ulcers? If so: type?/extent?	☐ yes ☐ no	

Place, Date

Seal/Signature of the physician

State: 25.01.2022

Examination Findings for:

Surname		Date of birth (dd/mm/yyyy)	
First name(s)			

4. Respiratory Organs:

		Answer	Finding/deviation/explanation
4.a	Does the patient suffer from hoarseness, coughs, bronchitis? If so: since when?/extent?	☐ yes ☐ no	
4.b	Are there any deformations at the rib cage?	☐ yes ☐ no	
4.c	Are the results of percussion and auscultation examinations normal?	☐ yes ☐ no	
4.d	Do you think that the respiratory organs are healthy?	☐ yes ☐ no	

5. Digestive and Abdominal Organs:

		Answer	Finding/deviation/explanation
5.a	Findings on the tongue, tonsils, in the throat?	☐ yes ☐ no	
5.b	Are the examination results of the abdomen normal?	☐ yes ☐ no	
5.c	Is the liver enlarged?	☐ yes ☐ no	
5.d	Is the spleen enlarged?	☐ yes ☐ no	
5.e	Does the patient suffer from a fracture?	☐ yes ☐ no	
5.f	Are there negative findings with respect to digestive organs?	☐ yes ☐ no	

Place, Date

Seal/Signature of the physician

State: 25.01.2022

Examination Findings for:

Surname		Date of birth (dd/mm/yyyy)	
First name(s)			

6. Urinal and Sexual Organs:

			Answer	Finding/deviation/explanation
6.a	Is the condition of the renal normal?		☐ yes ☐ no	
6.b	Urine examination	protein	☐ yes ☐ no	Sediment:
		sugar	☐ yes ☐ no	
		increased UBG	☐ yes ☐ no	
	Outer appearance: Pathological components:			

7. Miscellaneous:

		Answer	Finding/deviation/explanation
7.a	Were any other disorders found which have not been mentioned by now?	☐ yes ☐ no	
7.b	Are there signs of an immunodeficiency?	☐ yes ☐ no	

Place, Date

Seal/Signature of the physician

State: 25.01.2022

INFORMATION ON DENTAL CHART

In the event that you are 60 years old or older and subscribe for the product **EXPAT INFINITY CLASSIC** or **EXPAT INFINITY PREMIUM** the information concerning the dental chart must be rendered by your dentist in connection with a dental examination and submitted together with the application. The costs for the dental examination shall be borne by the Insured Person or the Person Entitled to be Insured.

Examination Findings for:

Surname		Date of birh (dd/mm/yyyy)	
First name(s)			

1. Teeth:

Findings concerning the complete dentition

1.a	Finding																
		18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
		48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
	Finding																

Findings/Legend

f	missing teeth	**K**	crowned teeth	**s**	teeth in need of rehabilitation
e	already replace teeth	**b**	existing bridge elements	**)(**	space closure

		Answer	If so: which, where treated (physician), findings	When? (dd/mm/yyyy)
1.b	Does the patient suffer from gum diseases?	☐ yes ☐ no		

Place, Date

Seal/Signature of the dentist

State: 25.01.2022