

AGA University Corporate & Staff Travel Medical Self-assessment form & Questionnaire

Allianz 

Global Assistance

To determine if your pre-existing medical conditions are covered please answer the following questions:

Medical conditions							
Q1 Do you have a pre-existing medical condition? A pre-existing medical condition means any physical defect, infirmity, existing or recurring illness, injury or disability of which you are aware or for which you had had or received a medical examination, consultation, treatment or investigation	<input type="radio"/> Yes Go to Q2			<input type="radio"/> No No further action required			
Q2 Is your condition terminal?	<input type="radio"/> Yes There is no cover for this condition Go to Q3			<input type="radio"/> No			
Q3 Is the purpose of your trip to seek medical attention or treatment for any condition <i>or</i> elective treatment or consultation for any medical, dental or optical conditions?	<input type="radio"/> Yes We do not cover any elective overseas treatment or medical procedures or any resulting complications or delays Go to Q4			<input type="radio"/> No			
Q4 Is surgery planned or are you on a waiting list for treatment?	<input type="radio"/> Yes There is no cover as a result of being on a waitlist			<input type="radio"/> No			
Q5 Does the medical condition relate to any ongoing symptomatic condition for which you have had investigations and not yet, had a diagnosis for?	<input type="radio"/> Yes There is no cover for any undiagnosed conditions			<input type="radio"/> No			
Q6 Does the condition(s) you have been receiving treatment or advice for (including medication) relate to: <ul style="list-style-type: none"> • A heart condition under specialist review or care (excluding Hypertension) • A lung condition causing permanent problems with shortness of breath • A transplanted organ • Blood or lung clots or DVT • Your Brain • Cancer • Major allergic reactions • A back problem for which you have had spinal surgery 	<input type="radio"/> Yes Please complete the rest of the form and submit to us for approval			<input type="radio"/> No			
Q7 Has your doctor advised you against travel <i>or</i> are you unfit to take part in any planned activity on your itinerary?	<input type="radio"/> Yes There is no cover available under this policy			<input type="radio"/> No			
<p>If you have answered No to Questions 2-7 then your pre-existing conditions are automatically covered under the University Corporate Travel Policy.</p> <p>If you answered Yes to Questions 2-7 then cover may not apply or may have terms imposed.</p> <p>Please complete the rest of this form and return to your broker or send to underwriter@Allianz-assistance.co.nz for assessment.</p> <p>Please allow two business days for processing.</p>							

Proposer details							
Name							
Date of birth	/	/	Gender		Height		Weight
Main destination(s) including stopovers							
Dates of travel	/	/	To	/	/		

Have you been hospitalised for *any* condition in the last 12 months or had *any* medical procedure performed?

If yes, provide full details of procedure, outcome etc.

Has any medical condition, including any accident or injury, prevented you from attending your usual work or resulted in you being confined to bed for 5 or more days in the last 12 months?

If yes, what was this condition(s) and for how long?

Please list all current medical conditions, and all medications you are taking for them

Conditions (please be specific)	Medications

Has any prescribed medication changed or been started in the last 12 months?

If yes, please list and reason why.

DECLARATION

I have declared all material facts and confirm that the above is a true and accurate representation.

I authorise disclosure to AGA or their agents details of my medical history held by any person or organisation.

The personal information collected on this questionnaire will be held and used by AGA or Allianz for the purpose of underwriting. You have rights of access to and correction of this information under the Privacy Act 1993.

Signature

Signature		Date	/ /
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OFFICE USE ONLY

Accepted	Declined	Terms
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