BUPA Health Insurance

CHAENGWATTANA BRANCH

Reference No: _____

Questionnaire for Health Application

Name: _____ **Date:** _____

1. How long have you stayed in Thailand? _____
2. What is the name and address of your regular health practitioner in your home country?

_____

3. What hospitals/clinics have you used whilst in Thailand?

_____

4. Do you smoke, if so how many a day? _____
5. Do you drink alcohol, if so how much per day? _____
6. Are you currently on any medication? _____
7. When was the last time you visited a doctor? _____
8. What was it for? _____
9. Are you transferring from another BUPA Insurance? ☐ *Yes ☐ No

If so the previous general exclusions will still apply with Bupa Thailand general exclusions.

10. Blood pressure currently is _____
11. Blood Glucose currently is _____ fasting/have eaten.
12. Do you accept the exclusions as explained? ☐ Yes ☐ No

Signed _____ _____

Customer Care Management Nurse

Remark: If you are over the age of 50, a care management nurse will contact you to arrange a blood pressure and blood glucose check.