MEDICAL DECLARATION FORM

AlKoot INSURANCE & REINSURANCE
الكوت للتأمين و إعادة التأمين
Licensed by Qatar Central Bank

IMPORTANT NOTICE

Declarations must be made in writing on this application. Verbal declarations will not be accepted. Here is your opportunity to tell us about any symptoms, discomfort or medical conditions occurring before your policy starts (whether or not medical advice has been sought). Typical examples of the things you should tell us about are: Diabetes, hypertension, varicose veins, allergies, backache, foot disorders (e.g. bunions), piles, gynecological problems, complications of pregnancy, digestive irregularities, skin problems, trouble with heart, limbs, eyes, nerves, etc., any ear, nose or throat problems or any pains, swelling, lumps or fever. This list is not exhaustive. If you declared any symptoms, discomfort, diagnosed medical condition, it will be included in your pre-existing condition benefit. If not, we will exclude it entirely.

CONFIDENTIAL MEDICAL HISTORY

CONFIDENTAIL MEDICAL HISTORY MUST BE COMPLETED FOR ALL ENROLLING MEMBERS. PLEASE MAKE NECESSARY COPIES FOR ALL APPLICANTS. IF YOU REQUIRE MORE SPACE, YOU MAY ADD DETAILS ON DEDICATED SPACE PROVIDED ON PAGE 5

FULL NAME:	**DATE OF BIRTH:**
GENDER: Select	**WEIGHT (KG):**
	HEIGHT (CM):
Have you ever at any time had or shown any tendency to the following	Please give full details and include, where appropriate, the date, duration and name and address of doctor attending, from whom the company may seek medical details For each dependent member please fill in separate questionnaire
1. Asthma, Bronchitis, Pneumonia, Pleurisy, spitting of blood, habitual cough or symptoms of tuberculosis?	◉ NO ○ YES - **provide details below**
2. If pleurisy, was there effusion?	○ NO ○ YES
3. Rheumatic fever or Rheumatism?	○ NO ○ YES
4. Any heart or circulatory disorders e.g.: high blood pressure, angina/chest pains, heart attack, heart failure, abnormal heart beat, aneurysms, varicose veins, other related symptoms/diseases?	○ NO ○ YES - **provide details below**

CONFIDENTIAL MEDICAL HISTORY

CONFIDENTAIL MEDICAL HISTORY MUST BE COMPLETED FOR ALL ENROLLING MEMBERS. PLEASE MAKE NECESSARY COPIES FOR ALL APPLICANTS. IF YOU REQUIRE MORE SPACE, YOU MAY ADD DETAILS ON DEDICATED SPACE PROVIDED ON PAGE 5

APPLICANT NAME:	
5. Any stomach or bowel trouble -gastric or duodenal ulcer, indigestion, gall stones, colitis, Cirrhosis, Pancreatitis, Hernias, hemorrhoids, piles, jaundice, kidney stones, gravel, appendicitis, or Fistula?	◯ NO ◯ YES - **provide details below**
6. Any Endocrine: Obesity, thyroid problems, diabetes, liver related diseases?	◯ NO ◯ YES - **provide details below**
7. Any Brain or nervous system disorder (giddiness, epilepsy, faintness, insomnia, multiple sclerosis, migraine, dementia, stroke or nervous breakdown)?	◯ NO ◯ YES - **provide details below**
8. Deafness or discharge from the ear? State how often and when it ceased	◯ NO ◯ YES - **provide details below**
9. Cancer, Tumours, Polyps, Benign growths?	◯ NO ◯ YES - **provide details below**
10. Muscle or skeletal problems like arthritis, back pain, neck, shoulder, cartilage and ligament problems, joint replacements, gout, osteoporosis, inflammatory conditions or ractures?	◯ NO ◯ YES - **provide details below**
11. Urinary or reproductive system problems like kidney failure, urinary infections, incontinence, heavy or irregular periods, fibroids, infertility, endometriosis, polycystic ovaries, prostrate disorders, abnormal smears other related symptoms /diseases?	◯ NO ◯ YES - **provide details below**
12. Skin problems, rashes, psoriasis, acne, cysts, dermatitis, eczema or related symptoms /diseases?	◯ NO ◯ YES - **provide details below**
13. Syphilis, gonorrhea, or stricture?	◯ NO ◯ YES - **provide details below**

CONFIDENTIAL MEDICAL HISTORY

CONFIDENTAIL MEDICAL HISTORY MUST BE COMPLETED FOR ALL ENROLLING MEMBERS. PLEASE MAKE NECESSARY COPIES FOR ALL APPLICANTS. IF YOU REQUIRE MORE SPACE, YOU MAY ADD DETAILS ON DEDICATED SPACE PROVIDED ON PAGE 5

APPLICANT NAME:	
14. Psychiatric /psychological disorders like schizophrenia, depression, stress, anxiety, drug/ alcohol dependency?	◯ NO ◯ YES - **provide details below**
15. Blood/ Infective/Immune disorder like abnormal blood tests, high cholesterol, anemia, hepatitis A-B-C, malaria, any autoimmune disorder, HIV, other related symptoms/diseases?	◯ NO ◯ YES - **provide details below**
16. Any other diseases, disorder or illness in the past OR any ongoing diseases, treatments and/or medication at the time of filing this application?	◯ NO ◯ YES - **provide details below**
17. Have your ever had: **(a) Any serious personal injury or any surgical operation?** **(b) Any X-ray or medical investigation?**	◯ NO ◯ YES - **provide details below**
18. Any history of long-term medication?	◯ NO ◯ YES - **provide details below**
19. Name any other doctor who has attended you during the past five years and state for what complaint	
20. What is your daily consumption of: **(a) Tobacco?** **(b) Alcohol?**	

APPLICANT NAME:

AlKoot INSURANCE & REINSURANCE
الكوت للتأمين و إعادة التأمين
Licensed by Qatar Central Bank

FAMILY HISTORY

	Applicant For each dependent member please fill in separate questionnaire	
	IF LIVING	**IF DIED**
FATHER	**Current age**	**At what age?**
	Current state of health	**Precise cause of death**
MOTHER	**Current age**	**At what age?**
	Current state of health	**Precise cause of death**
BROTHERS	**Current age**	**At what age?**
	Current state of health	**Precise cause of death**
SISTERS	**Current age**	**At what age?**
	Current state of health	**Precise cause of death**

FEMALES ONLY

1. Is menstruation regular and healthy?	◯ NO ◯ YES
2. Have you had any disease of the womb or the Ovaries?	◯ NO ◯ YES
3. Are you pregnant? **If yes, please mention current months of pregnancy less than or equal to 6 months/More than 6 months*	◯ NO ◯ YES - **provide details below**
4. **Have you delivered, undergone caesarean section, had any abortion or miscarriage?** *If yes, please mention the period elapsed since the last occasion*	◯ NO ◯ YES - **provide details below**

APPLICANT NAME:

AlKoot INSURANCE & REINSURANCE
الكوت للتأمين و إعادة التأمين
Licensed by Qatar Central Bank

ADDITIONAL CONFIDENTIAL MEDICAL HISTORY

If you require more space to declare any conditions and past medical history, please use the space provided below

APPLICANT NAME:

AlKoot INSURANCE & REINSURANCE
الكوت للتأمين و إعادة التأمين
Licensed by Qatar Central Bank

DECLARATION

I/We declare for myself and on behalf of my family members to the best of my knowledge and belief the statements on this application form are full, true and correct, and that apart from the conditions fully disclosed in this application, I/We am/are in excellent health and do not suffer or have suffered from any recurring illness or physical debility. Any condition undeclared in the medical questionnaire will not be covered.

I hereby authorize Al Koot to discuss, access and obtain a copy of my health records (or any of my dependents' records) that may be requested by them or their appointed representative. I/We shall read the Al Koot Insurance and Reinsurance Agreement when received and that I/We agree to be bound by it. In the event of any dispute, I/We agree to follow Al Koot Insurance & Reinsurance arbitrary process in the first instance. I/We agree that the acceptance of the application shall be on the basis of these agreements.

I/We agree that Al Koot Insurance & Reinsurance may contact our medical practitioner(s) for further details of our medical history and authorise such practitioner(s), hospitals and/or clinics to release any information Al Koot may require including copies of medical records. I/We understand that any misleading or undeclared information may lead to termination of the policy. I/We understood that to incept the policy, I must provide passport copies, QID copies, and the latest medical reports if needed for each member.

I also agree that a copy of this declaration stands valid as original.

☐ **I CONFIRM AND AGREE TO THE ABOVE DECLARATION**

SIGNATURE	
FULL NAME	
DATE	
SIGNATURE OF APPLICANT/PARENT/GUARDIAN	