

Medical Application Form

Insured Name: _____
Required Plan: _____

Inception Date: _____
Policy No.: _____

| NAME please specify Employee (E), Child (C) or Spouse (S) | | | Relation | D. O. B. | Nationality | Sex | Height | Weight | Photo card | Bahrain Resident |
|---|-------------|-------------|----------|----------|-------------|-----|--------|--------|------------|------------------|
| First Name | Middle Name | Family Name | E/S/C | DD/MM/YY | | M/F | CM | KG | Yes/No | |
| | | | | | | | | | | |
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| | | | | | | | | | | |

Has MedNet previously covered any of the above applicants? Yes ☐ No ☐
Is there a member in your family that is not proposed for insurance? Yes ☐ No ☐ If Yes, please explain under section Comments

Marital Status: _____ No. of Children: _____ Active at work since: _____

Street: _____ City: _____

P.O. Box: _____ Tel. No: _____

I hereby declare and agree, with respect to both, myself and to my Dependants, that I am aware of the general terms of this insurance and I accept them. With the above, I authorise my doctor, health institution or other organisation or person that has any information about my health and/or activities (and those of my **Dependants**) to provide the **Insurer** with the said information. This shall include hospital and any other records pertaining to medical advice, diagnosis, treatment or disturbances. A photocopy of this authorisation has the same validity as the original.

Have you ever been diagnosed or received any treatment (including hospital or surgery) or felt any disorder or pain or had any symptoms indicating:

| (Please tick relevant box) | Yes | No |
|--|--------------------------|--------------------------|
| 1. Infectious and parasitic diseases | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Neoplasms/Cancer (benign or malignant) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Diseases of the endocrine system, nutritional-, metabolic diseases and immunity disorders, diabetes | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Diseases of blood and blood forming organs | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Mental-/psychiatric disorders | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Diseases of the nervous system and sense organs (ears, eyes, nose) | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Diseases of the cardiovascular system incl. hypertension | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Diseases of the respiratory system | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Diseases of digestive system | <input type="checkbox"/> | <input type="checkbox"/> |

| | Yes | No |
|---|--------------------------|--------------------------|
| 10. Diseases of genitourinary system, kidney diseases and breast disorders | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Pregnancy, complications of pregnancy, child birth and the puerperium incl. abortions | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Disease of the skin and subcutaneous tissue | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Diseases of the musculoskeletal system and connective tissue | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Congenital anomalies, hereditary/genetic diseases | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Certain conditions originating in the perinatal period | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Injury and poisoning | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Previous medical/surgical hospitalisations, procedures and operations | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Any (chronic) disease(s), symptoms and complaints not mentioned above | <input type="checkbox"/> | <input type="checkbox"/> |

In case the answer is YES to any of the conditions/diseases above please specify full details (preferably by a Medical Physician) on the additional questionnaire (Personal Information), which will be found attached to this application form.

In case medication is required on a regular basis please specify the full details such as genuine name, brand name and daily/weekly quantity on the additional questionnaire (Personal Information), which will be found attached to this application form.

Mediclinic Application Forms

A Loxley



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Servamus ,2004 **Handbook on Human Rights to a Healthy Environment** Jean-Claude N. Ashukem,2026-01-01

This unique handbook provides authoritative and comprehensive analysis of the constitutional human rights to a healthy environment in Cameroon and Africa It explores Cameroon and African regulatory and policy interventions regarding environmental protection systematically addressing a broad range of sub topics in a rich discussion of the various dimensions of environmental protection This handbook is timely relevant and adds to the limited existing literature on constitutional environmental governance in Cameroon and Africa offering fresh and extensive insights into environmental protection in the region and sharing lessons that can be applied to other African countries This handbook is undoubtedly a valuable resource for scholars of human rights environmental protection and related fields and a practical guide for a range of actors in environmental governance such as state actors and non governmental organizations in Cameroon and Africa in general

LACMA Physician ,1982 South African Medical Journal ,1996 Patients Beyond Borders Josef

Woodman,2015-02-16 More than ten million patients now travel abroad every year for affordable high quality healthcare From Thailand s American accredited Bumrungrad International Hospital to Eric Clapton s Crossroads Center in Antigua to Johns Hopkins International Medical Center in Singapore health travelers now have access to a full array of the world s safest best choices in healthcare facilities and physicians Now in its Third Edition Patients Beyond Borders remains the best read most comprehensive easy to understand guide to medical tourism written by the world s leading spokesperson on international health travel Patients Beyond Borders Third Edition lists the 25 top medical travel destinations where patients can choose from hundreds of hospitals and save 30 80% on medical procedures ranging from a comprehensive health check up to heart work orthopedics dental and cosmetic surgery in vitro fertilization and more **The Journal of the Oklahoma**

State Medical Association ,1982 **The Funnel: From the Skull Base to the Sacrum** Massimiliano

Visocchi,2023-12-28 Skull base surgery is a minimally invasive endoscopic procedure which involves the surgeon inserting instruments through the natural openings in the skull the nose or mouth or by making a small hole just above the eyebrow This type of surgery requires a team of specialists which may include ENT ear nose and throat maxillofacial and neurosurgeons as well as radiologists The craniovertebral junction CVJ has a unique anatomical bone and neurovascular structure which not only separates the subaxial cervical spine but also provides a special cranial flexion extension and axial rotation pattern As such a sound knowledge of the basic principles of spine instrumentation and the region s kinematics are essential when it comes to strategic preoperative planning Skull base craniovertebral junction spine demolitive and reconstructive surgery neuromodulation bioengineering and transplantation are recent tools used to improve reconstruction restoration and rehabilitation three key words central to the core aim of the Neurorehabilitation and Reconstruction Committee of the WFNS which is to promte mechanical morphological and functional restoration **South Africa**

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the auxiliary verb comes before the subject however in an indirect question the auxiliary verb comes after the subject what s
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web when you write the indirect questions remember these three things start each indirect question with a polite phrase
such as do you know or could you tell me we don t use auxiliary verbs do does and did in indirect questions use if or whether
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