

## Medical Details

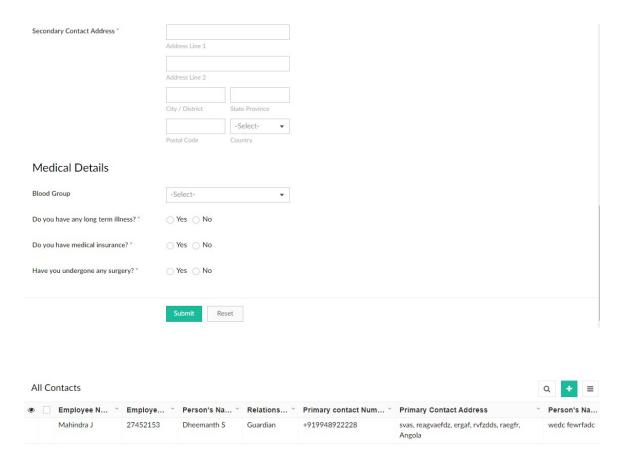
Secondary Contact Address \*

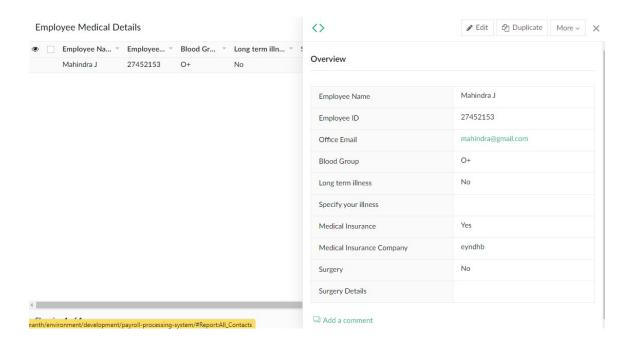
Address Line 1

Address Line 2

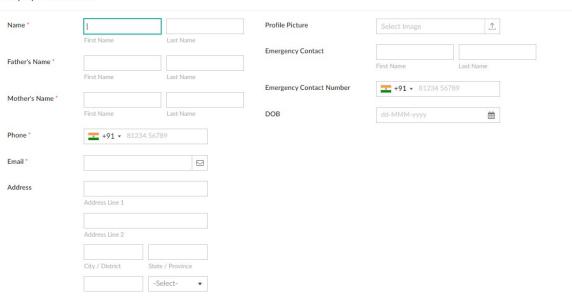
City / District

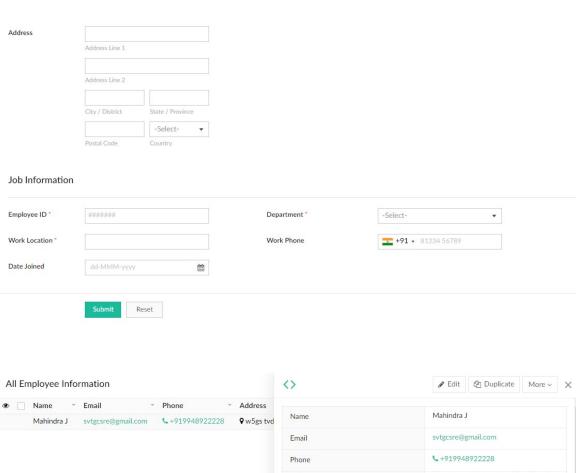
Postal Code

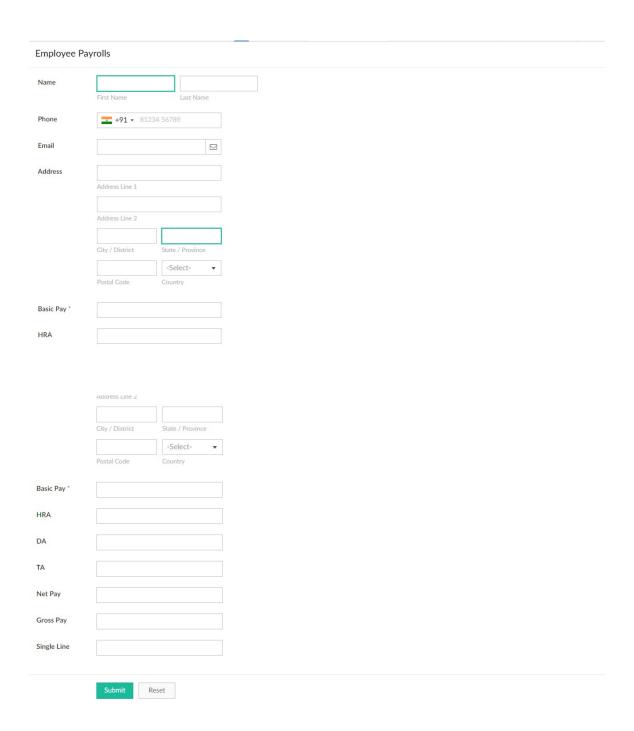


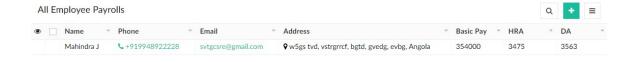


## Employee Information









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