نموذج الافصاح الطبي الموحد Unified Medical declaration form

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الم المنشأة : PolicyNo./ CR المناسفة المسلمة المنشأة : Employee name: المنشأة : السيالالتجاري: Emtity name: المنشأة : السيالالتجاري: Emtity name: المناسفة المسلمة المنطقة السيالالتجاري: Employee name: المناسفة المنطقة المناسفة التعالى المناسفة
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Please declare any of below cases by marking Any hospital admission during the last 12 months. I have you been diagnosed with any of the following chronic diseases Multiple sciences Autsm, Benign Tumor , Cancer , Heat Diseases, chronic Hepatitis C, Gallstones, Kidney failure, Urinary tract stones, thyroid goiter, Cysts, fibroid uterus, Hernias, autoimmune diseases or Multiple sciencis. Have you been diagnosed with any of the following congenital maiformations, Chromosomal abnormalities, Gautier's, G6PD Deficiency, Systic fibrosis, hemochromatosis, Wilson disease, Polycystic Kidney Disease. 4 Have you been diagnosed with any of the following level diseases. Have you been diagnosed with any of the following level diseases. I limited to: Vertebral disc prolapse, Scoliosis, Arthritis or Ligament tears. And to transpubly any of the following bene diseases: Pregnant Females only: Current single pregnancy. Current single pregnancy. Current multiple pregna
Please declare any of below cases by marking bunder the word (Yes): No YE S Any hospital admission during the last 12 months.
Have you been diagnosed with any of the following chronic diseases Imited to:
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disorder or hereditary diseases Jimited to: Cerebral palsy, Sickle cell disorder, Thalassemia, hemophilia, metabolic diseases, Hydrocephalus, spinal muscle atrophy, genital malformations, Chromosomal abnormalities, Gautier's, G6PD Defficiency, Systic fibrosis, hemochromatosis, Wilson disease, Polycystic Kidney Disease. 4 Have you been diagnosed with any of the following eye diseases Jimited to: Catract, Glaucoma, Corneal diseases or Retinal diseases. Have you been diagnosed with any of the following bone diseases Jimited to: Vertebral disc prolapse, Scoliosis, Arthritis or Ligament tears. Pregnant Females only: Current single pregnancy. Current single pregnancy with previous CS delivery. Current multiple pregnancy. Current multiple pregnancy. Employee and dependents details that need to be added (In case of a Yes answer above, please declare the case in the table below) disciple the field of the declaration of the disciple the declaration of the declaration of the disciple the declaration of the declaration
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Employee and dependents details that need to be added (In case of a Yes answer above, please declare the case in the table below) اسم الموظف / افرادالعاتلة المراداطاقة في الجدول أدناه) اسم الموظف / افرادالعاتلة المراداطاقة في الجدول القراية وقم الهوية العرادالعاتلة المراداطاتة في الجدول القراية المراداطاتة في الجدول القراية المراداطاتة المراداطات ال
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اسم الموظف / افرادالعاتلة لجنس القرابة رقمالهوية الوزن الطول رقمالجوال الحالة اسم مقدمالخدمة Mobile Hoight Weight ID Number Relation Gondon
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Undertakings: 1. I hereby undertake that all above information is correct and the acceptance of my enrolment will be on the basis of such information and that AXA has the right to contact the hospital(s) I deal with to collect any medical information needed to assess the risk(s). 2. I agree that AXA has the right to reject the coverage/claims in full case of no declaration of any cases prior to the contractual date or before enrolling or a new Insured during the contract. 3. I hereby confirm reading and understanding all points presented in this form and I agree that not marking any case is understood as "Nothing requires declaration" and I sig no these bases. 4. Failure to fill the weight and height information will result in refusal to cover the cost of obesity surgery.
Entity's stamp ختم جهةالعمل Employee Signature (3) فتم جهةالعمل Date

- Upon renewal of the policy, the insurer shall not request a declaration form for any insured who has been insured for 11 months.
- The insurer is not eligible to request a medical declaration form for
- newborns when they are added to the existing health insurance policy. If you need to add more dependents, an additional form should be filled.
- It is illegal to sign this form by the employer instead of the employee.
- (1) عدد تجديد الوثيقة فإنه لا يحق للشركة طلب بموذج إفصاح لأي مؤمن له مضى عليه (11)أشهر
 (2) لا يحق لشركة التأمين طلب بموذج إفصاح طبي للمواليد الجدد عدد إضافتهم على وثيقة التأمين الصحى السارية
 (3) في حال الحاجة لإضافة تابعين أكثر يتم يُجِئة نموذج جديد

 - عدم نظامية قيام صاحب العمل بالتوقيع بدلا عن المؤمنله