



HEALTH DECLARATION - GROUP LIFE / MEDICAL INSURANCE SCHEME

Name of Employer / Scheme: _____

Name of employee/ life assured: _____

Date of Birth: _____ Dept. /Designation: _____

1. Has any application for life or disability cover ever been refused, postponed Yes No
 or accepted with an extra premium or with special terms?

2. Are you exposed to any particular dangers in the pursuance of your Yes No
 profession or in your leisure time (such as handling dangerous materials,
 prolonged stays in countries outside of Oman, practising dangerous and
 hazardous sport such as private aviation, gliding, motor-gliding or hang-
 gliding, parachuting, diving, mountaineering, martial arts, motor sports or
 any racing)?

3. Do you suffer or have you ever suffered from diseases or disturbances Yes No
 effecting the:
 - a) **Heart, Circulation or Cardiovascular System** (e. g. hypertension, Yes No
 coronary artery disease, cardiac defects, stroke, angina pectoris,
 thrombosis)
 - b) **Brain** (e. g. vertigo, frequent headaches, migraine) Yes No
 - c) **Blood** (e. g. blood-clotting disorder) Yes No
 - d) **Respiratory Organs** (e. g. asthma, repeated or chronic bronchitis, Yes No
 allergic rhinitis)
 - e) **Ears** (e. g. impairment or acute loss of hearing, tinnitus) Yes No
 - f) **Eyes** (e. g. impaired vision) – Yes No
 in case of ametropia please indicate: dioptres left right
 - g) **Larynx, Thyroid** Yes No
 - h) **Pancreas, Liver** (e. g. hepatitis, icterus), **Spleen** Yes No
 - i) **Kidneys** (z. B. kidney stones), **Urinary Tract** and **Genitals** Yes No
 - j) **Oesophagus** (e. g. reflux disease), **Stomach** (e. g. gastric ulcers, Yes No
 chronic gastritis)
 - k) **Nervous System or the Psyche** (z. B. seizure disorder, multiple Yes No
 sclerosis, paralysis, mental-health problems, depressions, eating
 disorders)
 - l) **Bowels** (e. g. morbus crohn, colitis ulcerosa, duodenal ulcers) Yes No



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- m) **Musculoskeletal System** (e. g. spinal column, intervertebral discs, shoulder-, hip-, or knee-joints, dysfunctions of muscles, tendons, joints and/or ligaments) Yes No
- n) **Skin** (e. g. eczema, allergy) Yes No
- o) or have examinations resulted in diagnosing **Tumours** (e. g. cancer), **Diabetes, Allergies, Rheumatic Diseases** (e. g. chronic arthritis), **Gout, Poisoning, Infectious Diseases**, elevated **Blood Lipids** (e. g. Cholesterol) or elevated **Liver Function Tests**? Yes No
4. Do you suffer from any other physical or mental impairment (e. g. congenital handicaps, deformities, impairments following operations, infections, accidents, or amputations)? Yes No
5. Do you take medicines or drugs on a regular basis? Yes No
6. Did you undergo any medical examinations, treatments or consultations by doctors within the last 5 years **other than regular check-ups** with normal findings? Yes No
7. Have you undergone operations or treatments in hospitals or at health resorts during the past 10 years, or have any of the latter been planned and advised to be taken into consideration? Yes No
8. Has an HIV infection been detected? Yes No
9. Do you consume Tobacco / Alcohol? _____

If Yes, what is your daily consumption of

- a) Tobacco? _____
b) Alcohol? _____

10. Please indicate your height and your current weight _____ cm _____ kg

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I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of the proposal.

I agree that this form will constitute an integral part of my proposal for life assurance and that failure to disclose any material fact known to me may invalidate the assurance contract.

Date: _____

Signature of the person to be insured: _____