



Medical Application Form

No.

Silver

Gold

Platinum

Rimes

VIP

Others

First Name :

Father Name :

Family :

Family Members	Full Name	Nationality	D.O.B.	Gender	Smokes	N.C.C.S	Profession
INS.							
Husband / Wife							
Children							

Application Details : is there any family member has a medical case, specify what kind of :

1-Diseases of the cardiovascular system (hypertension,cardiomyopathies, coronary, vascular valvular)	Yes () No ()	10-Malignant tumors, lymphomas and leukemias disease arrythmias, etc.)	Yes () No ()
2-Diseases of the respiratory system other than cancer (asthma, chronic obstructive pulmonary disease)	Yes () No ()	11-Sexually transmitted diseases, AIDS and HIV fibrosis etc.)	Yes () No ()
3-Diseases of the digestive system other than cancer pancreatitis, replacement, endoscopic procedures,	Yes () No ()	12-Other diseases, accidents, surgeries, prosthetic diagnostics...	Yes () No ()
4-Kidney & urinary tract diseases other than cancer(kidney stones, insufficiency, cysts, etc)	Yes () No ()	13-Have you or any of the applicants taken or currently No take any medications or have followed or will follow no any kinds of treatment	Yes () No ()
5-Orthesis and limb transplants, osteoarticular or muscular diseases other than cancer	Yes () No ()	14-Females only: are you currently pregnant?	Yes () No ()
6-Diseases of the nervous system other than cancer (polio, depression, epilepsy, multiple sclerosis, etc)	Yes () No ()	15. Congenital disorders and diseases	Yes () No ()
7- Diabetes or diseases of the endocrine glands other than cancer	Yes () No ()	16. Psychiatric disorder (depression, anxiety, etc.)	Yes () No ()
8--Diseases of the eye, ear, nose and throat	Yes () No ()	17. Do you suffer from any symptoms related to the disease mentioned here above? (backache, chest pain, pain in joint, etc.)	Yes () No ()
9-Hematological diseases other than leukemia anemia, etc)	Yes () No ()		

In case the answer is yes to any of the Diseases/Conditions, above please specify full details in the table below :

Name	Disease No.	Diagnoses Status	Treatment	Date	Hospital / Dr. Name

Code	WI-12-F02	Issue	01	2021/10/01	Revision	00	2021/10/01
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