Pak- Qatar Family Takaful Limited

Head Office: Suite No. 203- 205, Business Arcade, P.E.C.H.S., Block - 6,
Main Sharea Faisal, Karachi, Pakistan
Tel No. (92- 21) 4380357- 61. Fax No.: (92- 21) 4386451

Group HEALTH FAMILY TAKAFUL

Short Form Health Declaration

- To be completed by the **proposed Individual/member o**nly
- Group Health Takaful Coverage for each proposed Individual Covered shall only be effective on written notification from Pak- Qatar Family Takaful Limited after receipt of this.

Name of Proposed Individual:			
Father's/Husband's Name:			
Relationship with Employee : ☐ Employee ☐ Spouse ☐ Children ☐ Father ☐ Mother			
Date of Birth: ☐☐/☐☐/☐☐☐☐	**Sex:** ☐ Male ☐ Female	**Marital Status:** ☐ Single ☐ Married	
CNIC Number: ☐☐☐☐☐-☐☐☐☐☐☐☐-☐	**Occupation:**		
Title of Company:		**Employee No:**	
Business Address:			
Exact Daily Duties (e.g. Desk job, out- door visits, handling machines etc)**:**			
Residence Address:			
✍ **Residence:**	✍ **Office:**	✍ **Mobile:**	

1.	Have you consulted a medical practitioner or specialist within the last 12 months for any treatment other then routine check- ups?	☐ Yes	☐ No
2.	Have you had any injury, sickness, or ailment, or have you consulted or been treated by a healthcare provider for any reason in the past five (5) years?	☐ Yes	☐ No
3.	Do you contemplate any surgery/operation or visit to a doctor for an existing injury or ailment?	☐ Yes	☐ No
4.	Do you take regular medication for treatment or control of any condition or ailment?	☐ Yes	☐ No
5.	Have you ever had dizziness, convulsions, headache, mental Illness, stroke, epilepsy or nervous disorders, any disease of eyes, ears, nose or throat, persistent cough, blood spiting, bronchitis, tuberculosis or chronic respiratory disease, chest pain, high blood pressure, heart disease, arteriosclerosis, neuritis, rheumatism, arthritis, gout or any problem with the back or spine, Intestinal bleeding, ulcer, hernia, appendicitis, colitis, diverticulitis, hemorrhoids, recurrent indigestion or other diseases of stomach, intestine or gall bladder, Jaundice, hepatitis B, hepatitis C or liver disease, diabetes, thyroid or other endocrine disease, cancer, cyst or tumors, or psychiatric disorder?	☐ Yes	☐ No
6.	Are there any other medical condition(s), diseases, illness, disabilities or defects present that may require treatment and have not already been disclosed or mentioned above?	☐ Yes	☐ No
7.	**For Female Participants only**:		
	a. Have you or have you ever had any disorder of the female organs (breast, ovaries, uterus)?	☐ Yes	☐ No
	b. Are your pregnant? (if "YES", how many months _____)	☐ Yes	☐ No

If "Yes" to any questions 1-7, please provide details in following space. Use a separate sheet if necessary.

Question No	Nature, Duration of the medical condition, dates of consultation, type of treatment, likelihood of the need for further treatment etc.

DECLARATION & AUTHORIZATION

I hereby certify that all answers to questions appearing on this form are true and complete to the best of my knowledge and belief. I am also aware that subject to the terms of acceptance of my coverage , this declaration & authorization together with the master Participant Membership Document (PMD) shall form the contract between participant and Takaful service provider. I authorize any doctor , hospital,, clinic, or medical service provider, takaful/insurance company, or any other institution, or any person, who has any information or record about me and/or any of my dependents to provide **Pak- Qatar Family Takaful Limited** with the complete information including copies of their records with reference to any sickness, accident, disability, any treatment, examination, medical investigation, advice of healthcare provider,. Photocopy of this authorization shall be valid as the original.

Date of Statement: ☐☐/☐☐/☐☐☐☐

_____

Signature of Individual Member

Employee will complete and sign this form on behalf of minor children

Verification by Participant/Employer

I/We hereby certify that all answers to questions appearing on this form are true and complete to the best of my/our knowledge and belief. We understand and agree that the above statement shall form the basis for Takaful coverage.

Date of Statement: ☐☐/☐☐/☐☐☐☐