

Details Check-up(s)



These declarations form part of the application form

Application number

Gulf Operations
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Full Name of Proposed Insured

First name middle name last name

1. **Date(s) of Check-up(s):** 1) 2) 3)

2. **Name of Doctor(s) Consulted:** 1)
2)
3)

3. **If periodical routine check up, indicate how often it is done:**

4. Exact reason of doing the check up:

- Routine Periodical Check up without any particular complaint / medical advice.
 Due to following Symptoms:
 Other Reasons:

5. Types of tests done:

- General physical examination Urine Kidney function tests
 Liver function test ECG Cholesterol, triglycerides, sugar, etc...
 Others

6. Results of tests, to the best of my knowledge.

Indicate if results were normal or abnormal for each test separately (attach copies of tests)

7. What was the medical advice received based on diagnosis and tests?

- Surgery (Mention details: date + type)
 Hospitalization: (for how long)
 Complete Bed Rest (for how long)
 Medication (Mention Names and for what)
 Others

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***Personal Data** means all information relating to me (whether marked "personal" or not) disclosed to MetLife by whatever means either directly or indirectly which concerns, including but not limited to, my medical conditions, treatments, prescriptions, business, operations, contact details, account balances/activities or any transactions undertaken with MetLife.

Signature

Signature of Proposed Insured

Date