

Tel: +233 (0)303 309 710

+233 (0)303 309 711

Fax: +233 (0)303 309 712

VITALITY MUTUAL HEALT	Н		1 12	
CORPORATE MEMBER AP	PLICATION QUESTIONNAI	RE	· ·	
PLEASE FILL IN CAPITAL LETTERS			*	
MEMBERSHIP BENEFITS NUMBER: FOR OF	FICE USE ONLY			
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MARITAL STATUS:				
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VITALITY GENERAL CARE	VITALITY SUPER CARE			
VITALITY PREMIER CARE	VITALITY TOP UP CARE	(Page		•
		and selection to the train		
EMPLOYER'S NAME	EMPLOYMENT 1	TYPE	PREFERRED MEDICAL SERV	/ICE PROVIDER (Choose from list)
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POSTAL ADDRESS (Personal)		RESIDENTIAL ADDRESS		
* 31				8
_back				
TEL:		TEL:		
MEDICAL HISTORY (Please Un	derline or Circle the appropriat	e Medical Condition a	oplicable to you)	
1.Allergies	12.Cystic Fibrosis	23.HIV positive	34.Leukemia	45.Severe recurrent diarrhoea
2.Anemia	13.Depression or Psychiatric disorder	24.Heart attack	35.Life insurance rejected	46.Smoking
3.Angina	14.Diabetes Mellitus	25.Heart disease	36.Liver condition	47.Spectacles or contact lenses
4.Any medication for any condition	15.Disorder of the digestive system	26.Hepatitis	37.Lung disease	48.Stroke
5.Asthma	16.Embolism	27.Hepatitis B	38.Malaise	49.Thrombosis
6.Back Neck Joint Problems	17.Emphysema	28.Hernia	39.Malignant cancer	50.Thyroid disorder
7.Benign cancer	18.Endocrine disorder	29.High Blood Pressure	40.Migraine	51.Tuberculosis
8.Bladder Infections	19.Epilepsy	30.High Cholesterol Level	41.Nephritis	52.Ulcers
9.Chronic Bronchitis	20.Fibroid	31.Intestinal Fibrosis	42.Pregnancy	53.Varicose Veins
10.Congenital Heart Abnormalities	21.Gall bladder disease	32.Jaundice	43.Rheumatic Arthritis	54.No specific risks
11.Congenital kidney disorder	22.Gout	33.Kidney stone	44.Rheumatic Fever	Please attach to form
DECLARATION				
APPLICANT,		HUMAN RESOUR	RCE MANAGER,	
I HEREBY DECLARE THAT THE INFORMATION		I HEREBY CONFIRM THAT THE DETAILS GIVEN		
I HAVE GIVEN ABOUT ME AND MY DE	EPENDENTS IS TRUE.	BY THE APPLICAN	NT IS TRUE	
SIGNATURE	V _{Ph}	SIGNATURE	1 b "	
DATE		DATE		

FOR OFFICIAL USE ONLY:			
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MEDICAL HISTORY (Please STATE The Numbers to with reference to the list on the first page)	the appropriate Medical Conditions applicat	le to you	
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Charles David Land #2			
Status: Dependent # 2 VITALITY MUTUAL HEALTH		_ =	
PLEASE FILL IN CAPITAL LETTERS			
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