

MEDICAL QUESTIONNAIRE

Sharjah Islamic Bank – Credit Life Takaful Scheme

Mr. Mrs. Miss

Name & Forename				
Date of Birth	DD MM YYYY	Height	cms	
Weight	kgs	Blood Pressure (if Known)	Max	Min
Occupation (describe clearly)	Nationality			
Address	Mobile No. / Email			
Nominated Beneficiary	Relationship			
Marital Status	<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Widowed <input type="radio"/> Divorced or Separated			

1. Do you have existing Life insurance or Takaful contracts with our company or with other insurance companies or Takaful operators? If yes, please provide details using the following table:

Name of Company	Sum Assured	Type of Policy(ies)	Year Issued	YES	NO
				<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>

2. Are you currently unable to work?

YES NO

3. During the 5 past years, have you been unable to work for more than 30 consecutive days?

YES NO

4. Have you ever been treated for or are you under treatment for: high blood pressure, myocardial infarction, respiratory disease, renal disease, alimentary disorder, ulcer, nervous breakdown, slipped disc, paralysis, coma, diabetes, high cholesterol, immunodeficiency syndrome (AIDS), tumour, cancer or any other serious illness or infirmity?

YES NO

5. Have you ever been seriously injured?

YES NO

6. Did you have a surgical operation or have you been advised to have a surgical operation?

YES NO

7. Did you take or are you taking treatment or medication for any disease or disorder?

YES NO

8. Do you intend to seek medical advice, treatment or have any medical tests performed?

YES NO

9. Have you tested positive for HIV/AIDS or Hepatitis B or C, or have you been tested/treated for other sexually transmitted diseases or are you awaiting the result of such a test? If yes, please provide details.

YES NO

FT/Q/MEDICAL

10. Have you smoked any cigarettes within the past 12 months? If yes, state how many per day?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you have any defect of the vision or hearing ? If yes, state to what extent	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you drink alcohol? If yes, state type and amount per day	<input type="checkbox"/>	<input type="checkbox"/>
13. Have any of your parents, brothers or sisters died or suffered from heart or circulatory diseases, cancer, diabetes, kidney diseases or hereditary disorders before age 65? If yes, please also indicate at what age this occurred.	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you intend to engage in hazardous activity (e.g. scuba diving) or fly other than as a passenger on scheduled services?	<input type="checkbox"/>	<input type="checkbox"/>
15. Has any application for insurance on your life (life, accident, health) been declined, postponed or accepted on special terms?	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE GIVE BELOW FULL DETAILS FOR ANY « YES » ANSWERS INCLUDING DATE AND DURATION OF ANY ILLNESS, TYPE OF TREATMENT, DOCTORS CONSULTED, TYPE OF SPORT. USE SEPARATE SHEET IF NECESSARY.

DECLARATION

I, THE UNDERSIGNED, THE APPLICANT FOR COVER FOR THIS TAKAFUL PLAN, HEREBY DECLARE THAT I AM IN GOOD HEALTH EXCEPT IF STATED OTHERWISE IN THE ABOVE STATEMENT. I DECLARE THAT THE ANSWERS AND STATEMENTS IN THIS APPLICATION FORM ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT SUCH DISCLOSURES, APPLICATION FORM AND ANY RELATED STATEMENTS WILL FORM PART OF THE BASIS OF CONTRACT BETWEEN ME AND SALAMA ISLAMIC ARAB INSURANCE CO. PSC. I FURTHER DECLARE AND UNCONDITIONALLY AGREE THAT FAILURE TO DISCLOSE ANY MATERIAL INFORMATION WILL INVALIDATE THIS CONTRACT AND DISCHARGE SALAMA ISLAMIC ARAB INSURANCE CO. PSC FROM ANY LIABILITY WHATSOEVER.

	Date & Signature of the Applicant
Date, Signature & Stamp of Sharjah Islamic Bank Staff	