

MEDICAL DECLARATION

Important: You must answer these questions truthfully.

Details	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6	Insured 7
Within the last 5 years have you been to hospital for an operation/ medical treatment	YES/ NO	YES/ NO	YES/ NO	YES/ NO	YES/ NO	YES/ NO	YES/ NO
Do you take tablets, medicines or drugs on a regular basis?	YES/ NO	YES/ NO	YES/ NO	YES/ NO	YES/ NO	YES/ NO	YES/ NO
Within the last 3 months have you experienced any health problem or medical conditions which you/ proposed insured person have/ has not seen a doctor for	YES/ NO	YES/ NO	YES/ NO	YES/ NO	YES/ NO	YES/ NO	YES/ NO
Have any of the person proposed to be insured ever suffered from/ taken treatment, hospitalized for or have been recommended to take investigations/medication/surgery or undergone a surgery for any of the following - Diabetes; Hypertension; Ulcer/ Cyst/ Cancer; cardiac disorder ; kidney or urinary Tract Disorder; Disorder of muscles/bone/joint; Respiratory disorder; Digestive tract or gastrointestinal disorder; Nervous system disorder; Mental Illness or disorders, HIV or AIDS	YES/ NO	YES/ NO	YES/ NO	YES/ NO	YES/ NO	YES/ NO	YES/ NO

If you have answered Yes to any of the questions above, please give full details here. If you need more space please use extra sheets. If you are unsure whether any details are relevant, please include them

Substances	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6	Insured 7
Name of illness/ injury suffering from or suffered in the past							
Date of first diagnosis (Month & Year)							
Treatment / medication received/ receiving							
Treatment outcome (fully cured/ partially cured/ ongoing, etc)							

I, _____ (write your name) _____ s/o (write father's name) _____ do hereby solemnly declare that what is stated above is true to the best of my knowledge and belief. In case of claim based on false Medical Declaration for enrollment in the GMC, I will pay 60% of the approved amount by the TPA/ insurance company of such claim to GMS Alumni as and when demand is raised by GMS Alumni. In case of non payment, appropriate criminal action may be taken.

Place: _____
Date: _____

(Signature)

(Name of ex-student)