FIRST MUTUAL
HEALTH

DECLARATION OF HEALTH STATUS

Applicant to complete this section. Please use BLOCK CAPITALS

I……hereby authorise you to release the following information to First Mutual Health.

Signature…… Date……..

Dear Doctor

The above named has applied to the Fund for membership. Please assist us by providing a brief medical history of the person concerned.

Doctor to complete the shaded areas. Tick √ the appropriate box □

Has the applicant ever suffered from any of the following medical conditions:
Diabetes □ **Hypertension** □ **Cancer** □ **Asthma** □ **Arthritis** □ **Renal kidney disease** □ **Heart problems** □ **Epilepsy** □ **Bone problems** □ **Gastrointestinal problems** □ **Orthodontics** □
If any of the above applies or if any other chronic condition is present please give details of the condition, when it was first diagnosed and any treatment being administered to the applicant.

Please return the completed and signed form to First Mutual Health marked to the attention of the Membership Supervisor. We would like to thank you for your assistance in taking time to provide this information.

Doctor's Name…… **Signature**…… **Date**……	SURGERY STAMP