

# MEMBER MEDICAL ASSESSMENT

(To be completed by the examining Medical Officer)

Member's name: \_\_\_\_\_  
Surname Given Names

Member applying for Medical Insurance Cover at:  Medium Level  
 Top Level

In my opinion the candidate is:

Suitable for admission to the Fund:

- Category A  Acceptance  
 Category Q  Qualified Acceptance

**If Category A, and the member has answered yes to any of the medical assessment questions, state reason for Acceptance recommendation:**

.....  
 .....  
 .....

**If Category Q, state reason:**

.....  
 .....  
 .....

Full name, address and qualifications of examining Medical Officer:

.....  
 .....

Signed: ..... Date:.....  
(Qualified Medical Practitioner)