

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

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If Q, state reason.....

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Name, address and qualifications of examining Medical Officer:

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