

## 5th Pillar Family Takaful Scheme

## HEALTH QUESTIONNAIRE FORM



(To be submitted along with a copy of CNIC)

Injuries, Diseases, Disorders & Operations  Month, Year  Duration  Result  Name & Address of Healthcare providers consulted  Q7. (a) Have you been tested for Covid-19? If Yes, Date of the test: Result of Test  (b) Have you made a complete recovery with no recurrence?  Q8. Within the past 14 days have you had any contact with someone confirmed as infected with the virus?    Yes   No     Yes   No	SECTION 1 : PROPOSED MEMBER (to be comp	pleted by Customer/Borrower)				
Mobile/Landline No.:   Gender:   Male   Female   CNIC #:   Marital Status:	Name of Customer/ Borrower:	Date of Birth:				
Cocupation:   Exact daily dulies:   House Loan Amount:   House Loan Amount:   Height (Inch):   Weight (Kg):   Do you use tobacco or alcohol?   Yes   No	Father's/Husband's Name:					
Cocupation:	Home Address:	Mobile/Landline No.:				
Cocupation: Exact daily duties:  Title of Business: Annual Eamed Income: House Loan Amount:  Height (Inch): Weight (Kg): Do you use tobacco or alcohol?   Yes   No  SECTION 2: MEDICAL DECLERATION (to be completed by Customer/Borrower)  Provide details for any "Yes" answers below. Use a separate sheet if necessary.  Q1. Have you had any injury, sickness, or aliment, or have you consulted or been treated by a healthcare provider for any reason in the past five years?  Q2. Have you ever had:  A. High Blood Pressure, Heart Disease, or Anteriosclerosis?   Yes   No  B. Mental Illness, Stroke, or Epliepsy?   Yes   No  C. Cancer, Diabetes, or Nephritis?   Yes   No  D. Any problem with the back or spine?   Yes   No  E. Acquired Immune Deficiency Syndrome (AIDS), AIDS related Complex (ARC) or an immune system disorder?   Yes   No  Q3. Are you now unable to work full time because of any disorder or disease?   Yes   No  Q4. Do you take regular medication for treatment or control of any condition or aliment?   Yes   No  Q5. Do you Contemplate any operation or visit to a doctor for an existing injury or aliment?   Yes   No  Q6. During the last 2 years, have you been involved in any type of hazardous occupation or avocation?   Yes   No  Injuries, Diseases, Disorders & Operations   Month, Year   Duration   Result   Name & Address of Healthcare providers consulted    Q7. (a) Have you made a complete recovery with no recurrence?   Result of Test   Yes-Positive   No-Negative   No-Negative   Yes   No  Q8. Within the past 14 days have you had any contact with someone confirmed as infected with the virus?   Yes   No  Q9. Within the past 14 days have you had any contact with someone confirmed as infected with the virus?   Yes   No  Q9. Within the past 14 days have you had any contact with someone confirmed as infected with the virus?   Yes   No  Q1. Within the past 14 days have you had any contact with someone confirmed as infected with the virus?   Yes   No  Q1. Within the past 14 days have you had any contact with someone confirmed	Gender: ☐ Male ☐ Female CNIC #	der: Male Female CNIC#:		Marital Status:		
Title of Business: Annual Earned Income: House Loan Amount:  Height (Inch): Weight (Kg): Do you use tobacco or alcohol?   Yes   No    No   No   No   No   No   No   N		Exact daily duties				
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Takaful/Insurance office to which a proposal has been made for Takaful coverage on my life and I authorize the giving of such information.						
I confirm my understanding that failure to disclose a material fact may lead to the rejection of any claim relating to this Takaful Scheme.				ieritai rieaitii,	of from any	
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Date of Statement Signature of the proposed Customer/ Borrower					orrower	
	Declaration by the Participant/ Bank					
I hereby certify that all answers to questions appearing on this form are true and complete to the best of my knowledge and belief.	I hereby certify that all answers to questions ap	pearing on this form are true and complete to the bes	st of my knowledge and belief.			
Date of Statement Signature & Seal of the Participant/ Bank	Date of Statement		Signature & Seal of the	Particinant/ R	ank	