

Medical request form

Instructions

Please complete this form in **CAPITAL** letters.

Policy number

1 Client details

Title

Mr Mrs Miss

Full name

Date of birth

Contact number

2 Client appointment details

Hospital/Medical centre name

Appointment date

Appointment time

Medical tests required:

- Medical examination report Exercise ECG-Bruce Protocol
- Urine continine HIV and HBsAg
- Microscopic Urinalysis PSA
- Lab Test 1 - HbA1c and Total Cholesterol (with reflex to Full Lipid Profile, if initial TC>250mg/dl or <125mg/dl)
- Lab Test 2 - Lipid profile and HbA1c
- Lab Test 3 - Complete Blood Count, Gamma GT, Creatinine, AST and ALT
- Other *(please give details)*

To be completed by the relevant financial professional

Contact name

Brokerage name

Contact number

Instructions for broker

Please also ensure you have advised the client of the following:

1. The client must bring their passport or other photographic proof of identity, e.g. national identity card or driving license, to the appointment. The medical tests will not be carried out until satisfactory proof of identification has been supplied.
2. If Exercise ECG-Bruce Protocol is required, please advise the client to wear appropriate clothing and footwear. Please advise the client to allow two hours for completion of the medical tests, including Exercise ECG-Bruce Protocol.
3. Our medical providers will endeavour to accommodate the preferred day and time whenever possible. However, no request can be guaranteed. Any cancellation will have to be notified at least 24 hours prior to the confirmed appointment.

Instructions for doctor

Please complete the requested medical examinations for our client named above.

Before performing the examination tests, please check the client's identity. The client has been asked to bring their passport or other photographic proof of identity to the medical examination. It is important that you do not carry out the medical examination if the client has not provided proof of identity, or if you are not satisfied as to their identity.

The results of the medicals are confidential and should not be disclosed to anyone (including the client).

On completion of the above medical tests, please hand deliver/courier urgently the original reports as follows:

If you are based in the UAE

Underwriting Department, Zurich International Life Limited,
P.O. Box 50389,
Unit 601, Floor 6, Building 6,
Emaar Square, Dubai, UAE

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Zurich International Life Limited,
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Seef Area, Kingdom of Bahrain

If you are based in Qatar

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Doha, Qatar

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