

# Details Check-up(s)



These declarations form part of the application form

Application number

**Gulf Operations**  
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## Full Name of Proposed Insured

First name  middle name  last name

1. **Date(s) of Check-up(s):** 1)         2)         3)

2. **Name of Doctor(s) Consulted:** 1)   
2)   
3)

3. **If periodical routine check up, indicate how often it is done:**

## 4. Exact reason of doing the check up:

- Routine Periodical Check up without any particular complaint / medical advice.
- Due to following Symptoms:
- Other Reasons:

## 5. Types of tests done:

- General physical examination  Urine  Kidney function tests
- Liver function test  ECG  Cholesterol, triglycerides, sugar, etc...
- Others

## 6. Results of tests, to the best of my knowledge.

Indicate if results were normal or abnormal for each test separately (attach copies of tests)

## 7. What was the medical advice received based on diagnosis and tests?

- Surgery (Mention details: date + type)
- Hospitalization: (for how long)
- Complete Bed Rest (for how long)
- Medication (Mention Names and for what)
- Others

I hereby provide MetLife my unambiguous consent to process, share, and transfer my personal data to a recipient outside the country (e.g. to the Company Headquarters in the USA and / or to other branches or affiliates of the Insurer's Group and Reinsurer) where the transfer, sharing, is necessary for the performance of the contract or for the compliance with any legal obligation to which the Company is subject and where necessary transfer, share any such data with the regulators and other law enforcement agencies for the performance of its obligations related to the international sanctions and other regulations applicable to the Company.

Signature of Proposed Insured

Date