



Cimas Medical Aid Society

Harare Head Office: Cimas House, Cnr. Jason Moyo Ave and Harare Street, P.O. Box 1243, Harare, Zimbabwe. Phone 263-04-777300-15. Fax 753567

Cimas Bulawayo: Suite 4 Medical Centre, Cnr. Josiah Tongogara Street and 8th Ave, P.O. Box 5, Bulawayo. Phone 263-09-64876, 72318

Cimas Gweru: No. 23 Sixth Street, P.O. Box 1402, Gweru. Phone 054-26178

Cimas Mutare: Cimas House, 98 Second Street, P.O. Box 712 or 2560, Mutare. Phone 020-67703, 67639 Fax 020-67795

DECLARATION OF HEALTH STATUS

Applicant to complete this section. Please use BLOCK CAPITALS

<p>I _____ hereby authorise you to release the following information to CIMAS Medical Aid Society.</p> <p>Date of Birth: _____</p> <p>.....</p> <p style="text-align: center;">Signature</p>	<p>.....</p> <p style="text-align: center;">Date</p>
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Dear Doctor,

The above person has applied to the Society for membership. Please assist us by providing a brief medical history of the person concerned.

Doctor to complete shaded area. Tick ✓ the appropriate box

<p>1. Has the applicant ever suffered from any of the following;</p> <p>Cancer <input type="checkbox"/> Epilepsy <input type="checkbox"/> Diabetes <input type="checkbox"/> Hypertension <input type="checkbox"/></p> <p>Renal disease <input type="checkbox"/> Cardio-vascular problems <input type="checkbox"/> Psychiatric conditions <input type="checkbox"/> Asthma <input type="checkbox"/></p>
<p>2. If any of the above applies or if any other chronic condition is present please give details of the condition, when it was first diagnosed and any treatment the applicant is under.</p>

Please return the completed form to CIMAS Medical Aid Society marked for the attention of the Assistant Manager Special Projects. The Society would like to thank you for your assistance in taking the time to provide this information.

<p>Doctors Name</p> <p>Signature Date</p>	<p>Surgery Stamp</p>
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