

MULTINATIONALS

COVERAGE OF MEDICAL EXPENSES

| BENEFITS | COVERAGE | |
|---|---|---|
| | ★★ | ★ |
| MANDATORY COVERAGE | | |
| Hospitalisation expenses ⁽¹⁾ Hospitalization for surgery and medical treatment ⁽¹⁾ room and board, intensive care unit, medical expenses | 100% of actual costs | 100% of actual costs |
| Psychiatric care and detoxification | 100% of actual costs up to 30 days <i>(After 2 years of coverage under the plan)</i> | 100% of actual costs up to 30 days <i>(After 2 years of coverage under the plan)</i> |
| Post-hospitalization charges (following surgery) | 100% of actual costs up to 30 days following discharge from hospital | 100% of actual costs up to 30 days following discharge from hospital |
| Room charges for adult accompanying a child under 12 years of age | 100% of actual costs up to 30 days up to € 40 per day | 100% of actual costs up to 30 days up to € 25 per day |
| Medically assisted transportation | 100% of actual costs up to € 310 per year per person | 90% of actual costs up to € 160 per year per person |
| Medical prostheses | 100% of actual costs up to € 2 300 per prosthesis | 90% of actual costs up to € 1 600 per prosthesis |
| CHECK-UPS After 3 consecutive years of membership | 100% of actual costs up to € 550 <i>Coverage for one check-up every 3 years</i> | 90% of actual costs up to € 550 <i>Coverage for one check-up every 3 years</i> |
| OUTPATIENT EXPENSES Physician's fees ⁽²⁾ , prescribed drugs, laboratory tests, X-rays, scanners Paramedical professionals Home nursing, physiotherapy ⁽²⁾ | 100% of actual costs | 90% of actual costs Up to € 4 600 / year |
| OPTIONAL MODULES | | |
| MODULE 1 MATERNITY | 100% of actual costs up to | 90% of actual costs up to |
| Maternity ⁽¹⁾ Delivery with or without complications including ante and post natal care | € 13 000 in Zone 1 and 2 € 7 000 in Zone 3 | € 13 000 in Zone 1 and 2 € 7 000 in Zone 3 |
| In-vitro fertilization ⁽¹⁾ Maximum 3 attempts | € 800 per procedure in Zone 1 and 2 € 500 per procedure in Zone 3 | € 800 per procedure in Zone 1 and 2 € 500 per procedure in Zone 3 |
| MODULE 2 DENTAL | 100% of actual costs up to € 4 600 per year | 90% of actual costs up to € 3 100 per year |
| Dental care and oral surgery | up to € 1 600 per person per year | up to € 1 100 per person per year |
| Dental prostheses ⁽¹⁾ | up to € 400 per prosthesis | up to € 310 per prosthesis |
| Orthodontics ⁽¹⁾ for child under 16 years of age | up to € 1 900 for the duration of treatment | up to € 1 100 for the duration of treatment |
| MODULE 3 OPTICAL | 100% of actual costs | 90% of actual costs |
| Glasses or contact lenses | up to € 200 per year per person | up to € 160 per year per person |
| Laser eye surgery ⁽¹⁾ | up to € 310 per eye | up to € 310 per eye |

(1) Benefits subject to prior agreement

(2) Procedures requiring repeated courses of treatment (physiotherapy, nurse, visits, etc.) are subject to prior agreement

Zone 1 : Worldwide

Zone 2 : Worldwide excluding the United States

Zone 3 : Worldwide excluding Brazil, Great Britain, Hong Kong, Italy, Japan, Lebanon, Russia, South Africa, Switzerland, the United Arab Emirates, the United States

MEDICAL ASSISTANCE & TRANSPORTATION (included in medical coverage)

All benefits have been tailored to the needs of persons on foreign assignment; we have selected a specialist partner to provide assistance services, including:

- Medical hotline and information service for vaccinations
- Recommendations of healthcare providers and medical advice

Members are also automatically entitled to access to our medical network, Mednet, available on our website : www.gmcnet.fr

| BENEFITS | LIMIT OF COVERAGE |
|--|-------------------------------|
| - Emergency medical repatriation (dispatching of medical staff if necessary, forwarding of locally unavailable medication) | Actual costs |
| - Emergency medical transportation to the nearest hospital that can provide proper medical care | Actual costs |
| - Return airfare to the assignment country after recovery | Actual costs |
| - Round-trip airfare for a relative or friend in the event of hospitalization lasting more than 7 consecutive days | Actual costs |
| - Repatriation of mortal remains Casket and related expenses | Actual costs up to € 1,900 |
| - Airfare in the event of the death of a member of the immediate family (mother, father or child) | Actual costs |
| - Transmission of urgent messages | Actual costs |
| - Legal assistance <ul style="list-style-type: none"> • Legal fees • Bail | € 1,900 € 15,000 |

PREMIUMS 2007

MANDATORY BASIC COVERAGE

Annual Premiums
per person in €

| Ages | ZONE 1 | | ZONE 2 | | ZONE 3 | |
|-------------|--------|-------|--------|------|--------|------|
| | ★ | ★★ | ★ | ★★ | ★ | ★★ |
| Birth to 20 | 3504 | 3873 | 2274 | 2501 | 1533 | 1685 |
| 21 to 30 | 3933 | 4364 | 2539 | 2806 | 1709 | 1882 |
| 31 to 40 | 5163 | 5718 | 3317 | 3666 | 2203 | 2434 |
| 41 to 50 | 5978 | 6635 | 3832 | 4242 | 2535 | 2803 |
| 51 to 60 | 8697 | 9642 | 5538 | 6138 | 3642 | 4022 |
| 61 to 69 | 10918 | 12120 | 6940 | 7702 | 4536 | 5027 |

OPTIONAL COVERAGE

Annual Premiums
per person in €

| Optional modules | ZONE 1 | | ZONE 2 | | ZONE 3 | |
|---------------------------------|--------|------|--------|-----|--------|-----|
| | ★ | ★★ | ★ | ★★ | ★ | ★★ |
| Module 1 : Maternity | 1047 | 1531 | 661 | 976 | 417 | 623 |
| Module 2 : Dental | | | | | | |
| Per adult | 1125 | 1405 | 711 | 884 | 454 | 573 |
| Per Child | 749 | 928 | 471 | 586 | 305 | 373 |
| Module 3 : Optique | | | | | | |
| Per adult | 366 | 424 | 170 | 187 | 146 | 173 |
| Per Child | 241 | 282 | 105 | 129 | 95 | 116 |

ZONE 1 : Worldwide

ZONE 2 : Worldwide excluding the United States

ZONE 3 : Worldwide excluding Brazil, Great Britain, Hong Kong, Italy, Japan, Lebanon, Russia, South Africa, Switzerland, the United Arab Emirates, the United States

DEATH & PERMANENT TOTAL DISABILITY

A lump sum payment will be made in the event of death or total and permanent disability. The payment varies according to the initial amount chosen when the member subscribes (total and permanent disability occurred before 60 years old). Death coverage is active until the age of 70.

| AMOUNT | ANNUAL PREMIUMS | | | | |
|-----------|-----------------|----------|----------|-----------|-----------|
| | Up to 30 years | 31 - 40 | 41 - 50 | 51 - 60 | 61 - 70 |
| € 15 000 | € 34.80 | € 56.40 | € 91.20 | € 202.80 | € 424.80 |
| € 35 000 | € 81.60 | € 130.80 | € 214.80 | € 474.00 | € 992.40 |
| € 65 000 | € 151.20 | € 242.40 | € 397.20 | € 879.60 | € 1843.20 |
| € 95 000 | € 220.80 | € 355.20 | € 582.00 | € 1286.40 | € 2692.80 |
| € 125 000 | € 291.60 | € 466.80 | € 764.40 | € 1692.00 | € 3543.60 |
| € 155 000 | € 361.20 | € 579.60 | € 948.00 | € 2098.80 | € 4394.40 |

DISABILITY (death coverage is mandatory)

In the event of disability resulting from illness or accident, the member will be granted a daily allowance, after completion of a 30 or 60 days deferment period. Should the disability be permanent, a pension will be paid. Payments will cease on the member's 60th birthday for permanent disability and 65th for temporary disability.

| Daily Allowance Amount | ANNUAL PREMIUMS in € | | | | | | | | | |
|------------------------|----------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| | Up to 30 | | 31 - 40 | | 41 - 50 | | 51 - 60 | | 61 - 65 | |
| | 30 days * | 60 days * | 30 days * | 60 days * | 30 days * | 60 days * | 30 days * | 60 days * | 30 days * | 60 days * |
| € 15 | 127.20 | 99.60 | 177.60 | 140.40 | 267.60 | 212.40 | 338.40 | 268.80 | 376.80 | 298.80 |
| € 30 | 254.40 | 201.60 | 356.40 | 283.20 | 537.60 | 427.20 | 680.40 | 541.20 | 757.20 | 601.20 |
| € 45 | 381.60 | 301.20 | 532.80 | 423.60 | 804.00 | 639.60 | 1018.80 | 810.00 | 1132.80 | 901.20 |
| € 60 | 508.80 | 403.20 | 711.60 | 565.20 | 1074.00 | 854.40 | 1360.80 | 1081.20 | 1513.20 | 1202.40 |
| € 75 | 636.00 | 502.80 | 888.00 | 706.80 | 1341.60 | 1066.80 | 1699.20 | 1350.00 | 1890.00 | 1502.40 |
| € 90 | 762.00 | 603.60 | 1065.60 | 847.20 | 1609.20 | 1279.20 | 2037.60 | 1618.80 | 2266.80 | 1801.20 |
| € 105 | 890.40 | 704.40 | 1244.40 | 988.80 | 1879.20 | 1492.80 | 2378.40 | 1891.20 | 2647.20 | 2103.60 |
| € 120 | 1017.60 | 805.20 | 1420.80 | 1129.20 | 2145.60 | 1706.40 | 2716.80 | 2160.00 | 3022.80 | 2403.60 |
| € 135 | 1144.80 | 906.00 | 1599.60 | 1272.00 | 2415.60 | 1920.00 | 3058.80 | 2431.20 | 3403.20 | 2704.80 |
| € 150 | 1272.00 | 1005.60 | 1777.20 | 1412.40 | 2683.20 | 2132.40 | 3397.20 | 2700.00 | 3780.00 | 3004.80 |

* deductible

SUMMARY OF GENERAL TERMS AND CONDITIONS

MEMBERS

The following persons are eligible for coverage (premiums by person) :

- Member aged under 65, working and residing outside his/her country of origin (cover can be extended until 70)
- His/her spouse (or, in the absence of a legal spouse, common-law spouse, subject to provision of a proper certificate or affidavit), under the condition he/she is not working.
- Their children, aged less than 21 years, living with the parents,
- Their children aged 21 to 28 who are full-time student. A proper student certificate must be provided annually.

The membership to the plan shall not exempt the member to comply with local regulations related to employee benefits scheme in the country where the member is assigned.

TERRITORY

Coverage is valid worldwide, round the clock. However, in the case of expenses incurred outside the geographical zone selected, coverage applies only in the event of unexpected and unforeseen illnesses⁽¹⁾ or accidents⁽²⁾. In all circumstances, coverage is subject to GMC's agreement.

EFFECTIVE DATE & TERMINATION OF COVERAGE

Coverage is subject to GMC's approval of your application and the payment of the premiums due.

Membership in the plan expires on December 31 of every year and is automatically renewed on the following January 1. It lapses on the last day of the month on which:

- ▶ The member is no longer on foreign assignment,
- ▶ The member reaches the age of 70 for medical and Death coverage,
- ▶ The member reaches the age of 65 for Disability,
- ▶ The member stops all professional activity or retires.

Coverage may be terminated:

- by registered letter **from either the member or GMC** at least 2 months before January 1 of each year;
- **by GMC:**
 - ▶ If premiums remain unpaid after required formalities have been completed,
 - ▶ In the case of false or fraudulent declaration regarding the health of the member or any other member in the policy,
 - ▶ If the policies issued by the Companies listed are terminated.

WAITING PERIODS

The following types of expenses incurred during the stated waiting periods are not covered :

MEDICAL EXPENSES :

- **10 months: maternity expenses**
- **(*) 6 months: dental prostheses and orthodontics, optical, medical prostheses**
- **(*) 3 months: hospitalization – other expenses**

(*) Waiting periods may be waived (except for maternity)

- whenever the member can show at the time of enrolment that he or she had equivalent coverage immediately prior to the application for coverage under the plan,
- in the event of unexpected illnesses⁽¹⁾ or accidents⁽²⁾ subsequent to the enrolment date.
- whenever an application for covering a spouse is received no later than 90 days after the member's marriage.

DISABILITY :

A waiting period of 90 days will be applied in case of temporary sick leave or in case of permanent non-accidental disability.

(1) Unexpected illness: a sudden and unforeseeable medical condition, certified by a physician.

(2) Accident: a sudden event beyond the control of the member.

EXCLUSIONS

This scheme covers all accidents and illnesses, with the exception of the following:

① Common exclusions for all coverage :

- *Benefits that have not been chosen by the member;*
- *Self-inflicted injuries or illnesses including suicide, attempted suicide and self-mutilation;*
- *Injuries or illnesses resulting from or occurring in conjunction with competitive sports other than those in which the member participates purely as an amateur;*
- *Injuries or illnesses due to the practice of hazardous sports (except for skiing practiced by personal choice) such as bobsleighbing, bungee-jumping, caving, contact sports and martial arts, gliding, hang-gliding, micro light flying, mountain climbing, paragliding, rafting or the operation of personal watercraft, rock-climbing, ski jumping, sledge;*
- *Flying accidents unless the member is a passenger on a plane for which the owner and pilot have valid authorizations and licenses;*
- *Treatments of injuries or illnesses directly or indirectly arising from or required as a result of civil or foreign war, insurrections, riots, rebellions or popular uprisings, whenever the member is in breach of existing laws by taking part;*
- *Injuries or illnesses incurred prior to the effective date of coverage and not declared to the insurer;*
- *The participation by the member in brawls, other than in self-defense or to rescue of a third party;*
- *Injuries or illnesses resulting directly or indirectly from radioactivity;*
- *Accidents or illnesses caused by drunkenness, alcoholism (rate of alcohol in the blood defined by the highway code or by the current legislation) or the use of drugs, by the insured or the beneficiary.*

② Exclusions of medical expenses :

- *Expenses incurred prior to the effective date of coverage or after its termination;*
- *Expenses incurred during waiting periods;*
- *Treatment provided by non-medically recognized practitioners;*
- *Treatment that is not prescribed by a medical practitioner and/or is not medically necessary;*
- *Expenses incurred for cosmetic procedures or surgery for the purpose of beautification;*
- *Services or supplies that are not indispensable for a diagnosis or treatment of an illness;*
- *Non urgent hospitalization for which no prior agreement has been requested;*
- *Procedures subject to prior agreement for which no agreement has been requested and granted;*
- *Expenses incurred for the treatment of congenital abnormalities or birth defects, unless the child is born after coverage is effective and waiting period for maternity is fulfilled;*
- *Termination of pregnancy on non-medical grounds;*
- *Expenses incurred for preventive medicine (except for vaccinations that are mandatory or recommended in the member's country of residence or a country that he/she is traveling to);*
- *Treatment provided by non-licensed or non-certified chiropractors;*
- *Treatment provided by osteopaths, psychologists;*
- *Pharmaceutical products other than prescribed drugs (e.g. cotton, suntan lotions, over-the-counter drugs, etc.);*
- *Expenses deemed to be luxurious or unreasonable in the country in which they are incurred;*
- *Non-medical expenses (telephone charges, TV rental, visitor's meal...);*
- *Treatment received in health spas or similar establishments;*
- *Expenses incurred in a nursing home or convalescent facility;*
- *Private deluxe rooms;*
- *Treatment at facilities for alcohol or substance abuse (or similar establishments) during the first two years of coverage.*

③ Exclusions of death or permanent total disability :

- *Death, permanent total disability resulting from civil or foreign war;*
- *Death or permanent total disability resulting from attempted suicide when the insured has been covered for less than 12 months.*

④ Exclusions of medical transportation expenses :

- *Any repatriation or emergency medical transportation or other expenses not approved in writing by the Company and/or not under the auspices of the Company;*
- *Any expense incurred against medical advice, whenever the member resides outside the home country or travels outside the normal country of residence, or to pay for medical treatment, rest and recovery subsequent to the member's repatriation to the home country;*
- *Any expense incurred by a member whose condition is not serious, or for other than emergency treatment designed to protect the life or prevent a substantial worsening of the member's recovery prospects;*
- *Any expense incurred for medical examinations or surgical procedures scheduled prior to the request for assistance and not of an emergency nature or intended at the time to protect the life or prevent a substantial worsening of the member's condition;*
- *Any expense incurred whenever the member suffers from problems of a psychological or psychiatric nature that do not require immediate admission to a specialized institution;*
- *Self-mutilation, alcohol abuse, substance addiction or abuse.*

HOW TO PURCHASE COVERAGE

Please make sure you send us a complete application if you wish coverage to take effect as soon as possible

- 1- Carefully fill out the enrolment application form and the medical questionnaire, including specifics where necessary (if you answer "yes" to any question).*
- 2- Enclose a bank account identification form for reimbursements to be effected.*
- 3- Enclose your previous insurance certificate in order to waive waiting periods.*
- 4- Calculate the amount of the premium for yourself and your dependants, if any.*
- 5- Include premium payment for the first six months, unless Visa/MasterCard payment has been arranged (please note that the enrolment will only be made after the initial premium has been paid).*
- 6- Mail all of the above documents to the Medical Board, at GMC International Department, 10 Rue Henner, 75459 Paris Cedex 09, France*

PREMIUM PAYMENT

Premiums are payable in advance, in Euros, quarterly, semi-annually or annually, by bank transfer or Visa/MasterCard. When enrolling into the plan, an initial six months premium will be payable for the policy to be enforced, unless Visa/MasterCard payment has been opted for.

Failure to settle premiums within one month of GMC's invoice may result in coverage being suspended or terminated. Such action shall in no way impair the right of GMC to recover past due premiums.

Premium rates may be revised every year with effect of January 1.

Premiums might be raised in the mid of the year in case of change in age range.

This folder is a summary of the cover.
You may cancel your enrolment in the plan within the first 30 days, provided no claim has been incurred.



You are entitled to ask and amend any information on yourself that has been recorded with GMC International.
This right to access and review such information can be exercised at
GMC International, 10 Rue Henner, 75 009 Paris, France.

MULTINATIONALS

ENROLMENT FORM

INSURED (S):

I, the undersigned (Last name, first name) _____

Born on _____ in _____

Citizenship(s) _____

Mailing Address _____

Occupation _____

Telephone _____ E-mail _____

Country of Expatriation / Assignment _____

I wish cover to begin

| | | |
|----|--|--|
| 01 | | |
|----|--|--|

Month Year

and request that it is extended to my family members as listed below:

| RELATIONSHIP | LAST NAME | FIRST NAME | DATE OF BIRTH | | | |
|----------------------------|-----------|--|--|--|--|--|
| SPOUSE CHILDREN | _____ | _____ | <table border="1" style="display: inline-table;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table> | | | |
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| | _____ | _____ | <table border="1" style="display: inline-table;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table> | | | |
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| | | | | | | |

SUBSCRIBER'S DETAILS & BILLING ADDRESS (if different from the Insured's):

Name _____

Mailing Address _____

Telephone _____ E-mail _____

I hereby declare that I reside and work in a country other than my home country.

I have duly noted that enrolment in this plan shall be effective subject to

- Approval by the GMC Medical Board, based on a review of the health declaration duly filled out by each member and enclosed in a sealed envelope attached to this application for enrolment;
- The payment of an initial premium for six months of coverage (unless arrangements are made for Visa/MasterCard payment).

In the event of my death, I appoint the following beneficiary or beneficiaries:

- My surviving spouse unless legally separated, in my spouse's absence, in equal shares to my spouse's living or represented children, in their absence, in equal shares to my father and mother or to my surviving parent, or in their absence, to my heirs
- Other beneficiaries _____

I formally take notice of the fact that the terms of coverage are set forth in group insurance policies taken out by GMC Association:

- Medical expenses insurance policy no. 900.280 taken out with AXA France Vie
- Life and Disability insurance policy no. 900.281 taken out with AXA France Vie
- Assistance insurance policy no. 000001514 taken out with GARANTIE ASSISTANCE.

Association régie par la Loi du 1-7-1901.

Having taken note of the summarized general conditions, the scope of benefits and the terms of coverage and the corresponding premiums, I hereby apply for enrolment in the individual insurance plan for expatriate employees (Please tick the relevant boxes).

| | | | | |
|--|--|--|----------------------------|----------|
| <input type="checkbox"/> MEDICAL EXPENSES + ASSISTANCE | | | | |
| Zone: | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | |
| Mandatory cover : | <input type="checkbox"/> * | <input type="checkbox"/> ** | | |
| Optional modules : | <input type="checkbox"/> * | <input type="checkbox"/> ** | | |
| | <input type="checkbox"/> Module 1 | <input type="checkbox"/> Module 1 | | |
| | <input type="checkbox"/> Module 2 | <input type="checkbox"/> Module 2 | | |
| | <input type="checkbox"/> Module 3 | <input type="checkbox"/> Module 3 | | |
| PREMIUMS | | | | |
| Members to cover : | Mandatory cover | Module 1 | Module 2 | Module 3 |
| <input checked="" type="checkbox"/> Member | | | | |
| <input type="checkbox"/> Spouse | | | | |
| <input type="checkbox"/> Children under 21 : _____ x _____ | | | | |
| <input type="checkbox"/> Children 21 to 28 : _____ x _____ | | | | |
| <input type="checkbox"/> DEATH & PERMANENT TOTAL DISABILITY Capital : _____ | | | | |
| <input type="checkbox"/> SICK LEAVE GUARANTEE Daily deferment period : <input type="checkbox"/> 30 days <input type="checkbox"/> 60 days Daily allowance amount : _____ | | | | |
| TOTAL ANNUAL PREMIUM | | | | |

I wish to receive reimbursement statements by : email or mail

I wish the premiums invoices to be sent by : email or mail

After the initial premium payment, I wish to be billed :

- Quarterly
- Every six months
- Annually

I wish to pay premiums :

- By Visa//MasterCard
- By bank transfer to the following bank account

| Bank code | Branch code | Account | RIB key |
|-----------|-----------------------------|-------------|---------|
| 30004 | 00819 | 00026016088 | 61 |
| SWIFT | BNPAFRPPPLZ | | |
| IBAN | FR7630004008190002601608861 | | |

Signed in (city, country) _____ on (date) _____

Signature of the member, preceded by "read and approved":

VISA / MASTERCARD PAYMENT

- Visa
- Mastercard

Cardholder's full name (as written on the card) :

Card number

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Expiry date

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Signature :

Security code (3 last figures of the number written in the signature panel on the back of your credit card)

| | | |
|--|--|--|
| | | |
|--|--|--|

HEALTH DECLARATION

Please complete this medical form for yourself, your spouse and your children.
Tick the boxes corresponding to your answers, use a different sheet of paper if necessary

| | INSURED | SPOUSE | 1 st CHILD | 2 nd CHILD | 3 rd CHILD | 4 th AND SUBSEQUENT CHILDREN |
|--|---|---|---|---|---|---|
| <i>Last name:</i> | | | | | | |
| <i>First name:</i> | | | | | | |
| <i>Date of birth:</i> | | | | | | |
| <i>Gender:</i> | | | | | | |
| <i>Height :</i> | | | | | | |
| <i>Weight:</i> | | | | | | |
| <i>Blood pressure:</i> | | | | | | |
| <i>Are you currently on sick leave?</i> | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <i>Over the past 5 years, have you ever been on sick leave for more than 15 consecutive days due to illness or accident?</i> | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <i>Are you currently undergoing medical treatment or are you on a diet or under any kind of health monitoring, or has this been the case over the past five years?</i> | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <i>Over the past 5 years, have you ever been hospitalized (in a hospital, health clinic, treatment facility, psychiatric institution, etc.)?</i> | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <i>Have you ever undergone surgery or are you scheduled to do so?</i> | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <i>Do you suffer from a handicap, disability or chronic illness?</i> | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <i>If you answered "yes" to any of the above, please specify at what time the event occurred and the after-effects, if any, or any illness or accident*</i> | <div style="border-bottom: 1px dotted black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dotted black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dotted black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dotted black; margin-bottom: 2px;"></div> | | | | | |

(*) Use a separate sheet of paper if necessary, and attach it to this form

Please return this questionnaire, in an envelope marked "Confidential", to the Medical Board,
GMC International Department - 10 Rue Henner - 75459 Paris Cedex 09 - France

