



**HAREL**  
insurance company

## Health Declaration for Medical Insurance

|              |           |            |                   |              |
|--------------|-----------|------------|-------------------|--------------|
| Passport no. | Last name | First name | Birth date<br>/ / | sex<br>M / F |
|--------------|-----------|------------|-------------------|--------------|

|    | <b>General Questions</b>  | <b>Yes</b> | <b>No</b> |
|----|---|------------|-----------|
| .1 | Are you undergoing any medical treatment/ investigation?  |            |           |
| .2 | Are you taking any medication?  |            |           |
| .3 | Have you undergone any surgical procedure?  |            |           |
| .4 | Have you undergone any laboratory test and/or medical examinations during that past two years? Specify reasons, dates, and results, including abnormal results.                                 |            |           |
| .5 | Are you a candidate for any medical treatment, including, among other things, surgery or hospitalization? Specify   |            |           |
| .6 | Are you aware of any health disorder/ symptoms, whether under treatment or not?   |            |           |
| .7 | <b>For women only:</b><br>a. Are you pregnant?  |            |           |
|    | b. Women's diseases including menstrual cycle disorders, breast disease including lumps in the breasts, uterus, ovaries, examination for detection of a cancerous growth, mammography? Specify, |            |           |

Please explain all "yes" answers to questions above in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I hereby declare that all the details I have provided on this Health Declaration form are correct and complete. If the details I have provided are found to be incomplete, Harel shall consider itself free of commitments and obligations toward me.**

**Renunciation of Medical Secrecy:** I, the undersigned hereby give my permission to the Kupat Holim Sick Found and/or its medical institutions, as well as to all the doctors and other medical institutions and hospitals and/or to all the insurance companies and/or to every institution and other body or individual, to provide Harel Insurance Company Ltd (hereinafter "the Requestor") with all the details, without exception, and in the way that shall be demanded by the Requestor, as regards my state of health and/or any disease that I have suffered from in the past and/or that I am currently suffering from and/or that I will suffer from in the future, and I hereby release you from the obligation to safeguard medical secrets and hereby renounce this secrecy toward the Requestor. This Declaration of Renunciation binds me, my estate, and my legal delegates and everyone who will come in my stead. This Declaration of Renunciation shall also apply to the minors.

Date: \_\_\_\_\_

signature of the applicant: \_\_\_\_\_