



First Name: dodovik

Last Name: Mukasa

Date of Birth: 2020-09-17

Gender : Male

Blood Group: o-plus

Residential Address: Kirinya

Business Address: Luzira

Next of Kin: RAPHA

Telephone number - Mobile :

0776103714

Telephone Number - Home:

0700969582

Telephone number - (Office):

03145678987

Dependant 1

First Name: omudiribada

Last Name: omudiribada

Date of Birth:

2013-09-11

Sex : Male

Dependant 2

First Name: adolf

Last Name: rukutana

Date of Birth:

2020-09-01

Sex : Male

Dependant 3

First Name: tumusinge

Last Name: ahruna

Date of Birth:

2020-09-22

Sex : Male

Dependant 4

First Name: kaguta **Last Name:** museveni

Date of Birth: 2020-03-10 **Sex :** Male

Dependant 5

First Name: solomon **Last Name:** kim

Date of Birth: 2020-09-21 **Sex :** Male

Dependant 6

First Name: dependat 6 **Last Name:** okello

Date of Birth: 2020-10-06 **Sex :** Male

MEDICAL DECLARATION (for self and Dependants)

Diabetes:	Hypertension:	Bronchitis or Asthma:	Malaria:
DEPENDANT 5	DEPENDANT 3	DEPENDANT 1	DEPENDANT 2
Hepatitis B :	Any Allergies:	Cancer:	Sickle Cell Disease:
DEPENDANT 5	DEPENDANT 5	DEPENDANT 6	DEPENDANT 6
Rheumatic fever:	Tuberculosis:	Any STDs:	Any serious injury:
DEPENDANT 1	DEPENDANT 1	DEPENDANT 4	DEPENDANT 4

MEDICAL HISTORY

edcare hereby agrees to provide and the Client hereby agrees to utilize the medical services of the Hospital at its above address. Case Medicare hereby warrants that it will diligently

SERVICE AGREEMENT Case Medicare hereby agrees to provide and the Client hereby agrees to utilize the medical services of the Hospital at its above address. Case Medicare hereby warrants that it will diligently provide such services to the Client to the best of its ability using accepted scientific methods as and when required to do so by the Client. The Client hereby undertakes to pay for any additional services rendered to him which exceed the financial limits of the contractual terms. The Client hereby understands that membership fees are not redeemable 60 days after inception of cover. If termination, for whatever reason occurs within 60 days, membership fees are refundable, less the cost of treatment received by the Client during that period plus an administrative charge of 5% of the membership fee.

Signed by the Client: bmukurasi Signed & Stamped by; Case Medicare official use

Date 2020-09-27

Date 2020-09-22