

**Medical Insurance Questionnaire**

Full Name	Expected date of entry	Email address	Zip Code and City in Saudi	PO Box address in Saudi

1. Are you currently admitted to hospital or receiving emergency medical treatment?

Yes	No

If, Yes please specify

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2. Have you been in an accident that caused permanent injury or disability?

Yes	No

If, Yes please specify

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3. Do you have any congenital disorders?

Yes	No

If, Yes please specify

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Additional questions for FEMALES ONLY:

1. Are you pregnant?

Yes – number of months?	No

2. Is your current pregnancy an outcome of assisted means of conception including but not limited to (IVF, hormonal induction)?

Yes	No