



To: Personal Info: web page

**1. PERSONAL INFORMATION - පෞද්ගලික තොරතුරු**

**Application form - අයදුම් පත:**

NAME WITH INITIALS: .....

(FIRST NAME)

(LAST NAME)

GENDER: MALE  FEMALE  CIVIL STATUS: MARRIED  SINGLE

PROFESSION: .....

ADDRESS: .....

PHONE – MOBILE: ..... LAND: .....

N.I.C. NUMBER: ..... DATE OF BIRTH: 

D	D	M	M	Y	Y	Y	Y
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E-MAIL: ..... FACE BOOK: .....

C-J HEALTH PROFILE: USER NAME: ..... PASS WORD: .....

GOLD MEMBER'S (FAMILY DOCTOR'S) MEMBERSHIP NUMBER: 

C	J	-	-
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 (Compulsory)

SILVER MEMBER'S (AGENT'S) MEMBERSHIP NUMBER: 

C	J	-	-
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I hereby give the consent to proceed considering me as a patients and Chira-Jeewa Medical Service as the medical service provider to safeguard my good health. Further I authorize the release of a full report of clinical history, examination findings, investigatory findings, diagnosis, treatments and follow up plan etc., to any referring or treating physician or dentist on my request. I additionally authorize the release of any medical information to insurance companies or for legal documentation to process claims on my request. I understood that I am responsible for all charges for services given to me. I hereby certify that the medical information given is true and correct. Further I understood the benefits of maintaining my up dated health profile in a personal web page and thus I give the permission for that. I understood that this agreement will be effective until I maintain my Chira-Jeewa membership.

..... DATE: 

D	D	M	M	Y	Y	Y	Y
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FULL SIGNATURE OF APPLICANT

- If a guardian takes the responsibility of maintaining the membership, details of the guardian.
- භාරකරුවකු විසින් සාමාජිකත්වය පවත්වාගෙන යාමේ වගකීම භාරගන්නා, භාරකරුවාගේ විස්තර.

NAME: .....

RELATIONSHIP: ..... PHONE NUMBER: .....

E-MAIL: .....

IF THE GUARDIAN IS A C-J MEMBER, HIS/HER MEMBERSHIP NUMBER: 

C	J	-	-
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..... DATE: 

D	D	M	M	Y	Y	Y	Y
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FULL SIGNATURE OF THE GUARDIAN