



# Corporate Membership Form

(To be filled in by the Medical Practitioner)

NAME OF CHILD (IN FULL): \_\_\_\_\_

AGE/DATE OF BIRTH: \_\_\_\_\_

VACCINATION DONE: \_\_\_\_\_

DESCRIPTION OF ANY KNOWN OR VISIBLE PAST TREATMENT/CONGENITAL DEFECT(S):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CLINICAL EXAMINATION AND FINDINGS:

CVS: \_\_\_\_\_

\_\_\_\_\_

RS: \_\_\_\_\_

\_\_\_\_\_

CNS: \_\_\_\_\_

\_\_\_\_\_

COMMENTS/OVERALL CHILD CONDITION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_ DOCTOR'S NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Once completed, please send this form to:

**Medscheme (Mfius) Limited, 1st Floor, Tower A, 1Cybercity, Ebene.**

**Customer Hotline: 403 5073 Fax: 403 5088 Email: [mosante@businessmauritius.org](mailto:mosante@businessmauritius.org)**

Kindly write NEW MOSANTÉ MEMBERSHIP FORM on the top RHS of the envelope.