



MTN FOUNDATION MEDICAL INTERVENTION SCHEME FORM

Instructions:

- Carefully read all information and tick the most applicable box/option
- Please write clearly in capital letters

SECTION A: Child Information:

1. Name of child: _____
Surname First Name Middle Name

2. Sex: Male Female

3. Date of Birth: DD MM YYYY

4. State of Origin: _____

5. Local Government Area: _____

6. Type of ailment: Hole in the Heart Other

7. If other, please specify type of ailment: _____

8. When was the ailment diagnosed? DD MM YYYY

9. Name of medical institution where ailment was diagnosed: _____

10. Name of Doctor handling the case: _____

11. Do you have medical report to support this request? Yes No

12. If Yes to 11 above:

- What report(s) do you have? Echo Scan Report Hospital Report Other
- If Other, give details: _____



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**Please submit copies of all relevant medical reports with this request.*

SECTION B: Parent/Guardian Information:

1. Name: _____
Surname First Name Middle Name

2. Father Mother Guardian

3. Sex: Male Female

4. Contact phone number:

5. Contact Address: _____

6. Email Address _____

7. Are you employed? Yes No

8. If Yes to 7 above:

• Name of Employer: _____

• Address: _____

• Position: _____

• Monthly Salary: below N50k N50k – N100k N101k – N150k

N151k – N200 above N200k

9. If No to 7 above:

• What do you do for a living? _____

• What is your monthly income? _____



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10. Do you know or have a relation working in MTN? Yes No

11. If Yes to 10 above:

- Name of MTN Staff: _____
- Department: _____
- Phone number:

12. How did you get to know about MTNF Medical Intervention Scheme?: _____

13. Does your belief prohibit certain medical treatments/procedures (e.g. blood transfusion)?

Yes No

14. Have you applied for any medical assistance/sponsorship for this child? Yes No

15. If yes to 14 above, please provide :

- Name of organisation where you applied for medical assistance for the child: _____

16. Have you received any medical assistance/sponsorship for this child? Yes No

17. If yes to 16 above, please provide the following information:

- Name of the medical institution where you received medical assistance for the child: _____

- Name of Doctor that handled the case: _____

Note: All applications must have necessary medical reports of the child and a completed copy of this form attached and addressed to "The MTN Foundation, 2nd Floor, Golden Plaza, Falomo, Ikoyi, Lagos"

I certify that all the information provided above are true and can be validated.

Name, Signature and Date