





# MEDICAL HISTORY / MEDIESE GESKIEDENIS

	Height / Lengte	Weight / Gewig	Alcohol / Alkohol per week	Tobacco per day / Tabak per dag
Principal member Hooflid				
Spouse / Gade				
Adult dependant Volwasse afhanklike				

If yes, tick block

If no, cross block

Should any sickness of which you are aware but which was not mentioned in your application be revealed at a later stage, it will be excluded from benefits. Have you or your dependants ever experienced any of the following conditions? If "YES", state full details of each instance in the schedule below.

1. Any disorder of the heart, e.g. rheumatic fever, heart murmur, coronary artery disease, chest pain, shortness of breath or palpitations.
2. High blood pressure or diseases of the blood vessels or circulatory disorder, e.g. any vascular procedures, stroke, high cholesterol, hardening of arteries, etc.
3. Any respiratory or lung disease, e.g. asthma, bronchitis, persistent cough or tuberculosis.
4. Any disorder of the digestive system, gall bladder, pancreas or liver, e.g. actual or suspected gastric or duodenal ulcer, recurrent indigestion, hiatus hernia, anal bleeding, haemorrhoids or jaundice.
5. Disease or disorder of kidneys, bladder or reproductive organs, e.g. kidney stones, prostatitis, cystitis, venereal disease, infertility or impotence.
6. Any nervous or mental complaint, e.g. epilepsy, blackouts, paralysis, anxiety neurosis or depression.
7. Ear, eye, nose or throat disorder, e.g. defective vision, deafness, discharge from ears, hoarseness or tonsillitis.
8. Disorder or disease of skin, muscles, bones, joints, limbs, spine, e.g. psoriasis, arthritis, gout, slipped disc, other back trouble, joint replacement, etc.
9. Diabetes, hormonal imbalance, glandular or metabolic diseases, thyroid or blood disorders.
10. Cancer, growth or tumour of any kind.
11. Any tropical disease, e.g. bilharzia or malaria.
12. Any other illness, disorder, operation, disability or accident, e.g. fractured nose, breathing disorders, congenital abnormalities, etc.
13. Did you or any of your dependants consult any doctor or other person or did you attend a hospital, clinic or institution in connection with you or your dependants' health during the past five years?
14. Are you or your dependants currently undergoing or expecting to undergo any medical or surgical treatment?
15. Do you have (if female) or have you ever had any disorder of the female organs (breast, ovaries, uterus) or any abnormality of pregnancy or confinement, e.g. caesarean section or miscarriage?
16. Are you (if female) or any of your dependants pregnant? If "YES", state the expected date of confinement:

Indien ja, merk blok

Indien nee, kruis blok

Indien enige siekte waarvan jy bewus is nie in jou aansoek gemeld word nie en in 'n latere stadium tevore kom, sal dit van voordele uitgesluit word. Het jy of jou afhanklikes ooit gely aan enige van die volgende? Indien "JA", verstrek volle besonderhede van elke geval in die toepaslike skedule hieronder.

1. Enige versteuring van die hart, bv. rumatiekkoors, hartgeruis, kroonslagaarsiekte, borspyn, kortasemigheid of hartkloppings.
2. Hoë bloeddruk, bloedvatsiekte of versteuring van die bloedsomloop, bv. enige vasculêre reaksies, beroerte, hoë cholesterol, verkalkte are, ens.
3. Enige asemhalings- of longprobleme, bv. asma, brongitis, aanhoudende hoës of tuberkulose.
4. Siektes van die spysverteringstelsel, galblaas, pankreas of lewer, bv. ulkus van die maag of duodenum, aanhoudende slegte spysvertering, hiatusbreuk, anale bloeding, ambeie of geelstug.
5. Siektes of kwale van die niere, blaas of geslagsorgane, bv. nierstene, prostatitis, sistitis, veneriese siekte, onvrugbaarheid of impotensie.
6. Senuwee- of geestesiekte, bv. epilepsie, floutes, verlamming, angsneurose of depressie.
7. Siektes of kwale van die oë, ore, neus of keel, bv. swaksigtigheid, doofheid, afskeiding uit ore, heesheid of tonsillitis.
8. Siektes of kwale van die vel, spiere, skelet, gewrigte, ledemate of rugwerwels, bv. psoriase, rumatiek, artritis, jig, verskuifde werwels, rugkwale, gewrigsvervanging, ens.
9. Suikersiekte, hormonale wanbalans, klier- of metaboliese kwale, kwale van die skildklier of bloedkwale.
10. Kanker, groeisel of gewas van enige aard.
11. Enige tropiese siekte, bv. malaria of bilharzia.
12. Enige ander siekte, kwaal, operasie, ongeskiktheid of ongeluk, bv. gebreekte neus, asemhalingsprobleme, oorerflike abnormaliteite, ens.
13. Het jy of enigeen van jou afhanklikes in die afgelope vyf jaar enige dokter of ander persoon geraadpleeg of 'n hospitaal, kliniek of inrigting in verband met jou of jou afhanklikes se gesondheid besoek?
14. Ondergaan jy tans of ver wag jy of jou afhanklikes om mediese behandeling of chirurgie te ondergaan?
15. Ly jy (indien vroulik) of het jy ooit gely aan enige toestand van die vroue-organe (bors, eierstokke, baarmoeder) of enige swangerskap- of kraamabnormaliteit, bv. keisersnee of miskraam?
16. Is jy (indien vroulik) of enige van jou afhanklikes swanger? Indien "JA", meld datum van verwagte bevalling:

17. Have you or any dependant undergone any amputation or bone transplant procedures?
18. Do you or your dependants know of any bone fixator after a fracture which may require further surgery?
19. Have you or your dependants recently undergone any major orthopaedic intervention which may possibly result in further intervention, e.g. removal of pins in back or plates and screws?
20. Do you or any of your dependants know of any complications which may have resulted from a reconstructive procedure or bonding of ligaments?
21. Do you know of any dental condition which may require para-orthodontic treatment or periodontal surgical procedures?
22. Have you or your dependants ever required plastic reconstructive surgery for an anomalous lesion, e.g. keloid formation or reconstructive procedure, e.g. sectional hernia?
23. Do you know of the need for any possible reconstructive procedures regarding mammae (breasts), e.g. augmentation, reduction, nipple reconstruction, etc.?
24. Have you and/or any of your dependants ever received and/or are you and/or your dependants currently receiving treatment and/or medication for alcoholism, drug dependency, glue or chemical addiction and/or any other substance addiction?
25. Do you or any of your dependants have a chronic condition requiring ongoing medication?
26. Have any exclusions ever been imposed by any medical scheme on which you or your dependants have been registered? If "YES", please state details.
27. Do you and/or any of your dependants participate in any hazardous sport or pursuits, e.g. skydiving, bungee jumping, paragliding, motor racing, etc.?

17. Het jy of enige afhanklike 'n amputasie- of enige beenoorplantingsprosedures ondergaan?
18. Weet jy van enige beenhegting na 'n breuk wat verdere chirurgie mag vereis vir jou of jou afhanklikes?
19. Het jy of jou afhanklikes onlangs enige groot ortopediese ingreep ondergaan wat moontlik tot verdere ingrepe kan lei, bv. verwydering van penne in die rug, plate of skroewe?
20. Weet jy van enige komplikasies wat mag ontstaan het uit 'n rekonstruktiewe prosedure of binding van ligamente vir jou of jou afhanklikes?
21. Weet jy van enige tandheelkundige toestand wat para-ortodontiese behandeling of periodontiese chirurgiese prosedures mag vereis?
22. Het jy of jou afhanklikes ooit plastiese rekonstruktiewe chirurgie nodig gehad vir 'n afwykende letsel, bv. keloïedformasie of rekonstruktiewe prosedure, bv. snitbreuk?
23. Weet jy van 'n behoefte aan enige moontlike rekonstruktiewe prosedures ten opsigte van die borste, bv. vergroting, verkleining, tepelrekonstruksie, ens.?
24. Het jy en/of jou afhanklikes ooit behandeling ontvang en/of ontvang jy en/of jou afhanklikes tans behandeling en/of medikasie vir alkoholisme, dwelmverslawing, gom of chemiese verslawing en/of enige ander verslawing?
25. Ly jy of enigeen van jou afhanklikes aan 'n chroniese toestand wat voortdurende medikasie vereis?
26. Het enige mediese skema waaraan jy of jou afhanklikes behoort het, enige beperkings op jou lidmaatskap geplaas? Indien "JA", verstrek asseblief besonderhede.
27. Neem jy en/of enige van jou afhanklikes deel aan enige risikosport of die beoefening van bv. valskerm spring, brug- of rekspring, "paragliding", motorriesies, ens.

28. If you or any of your dependants are living with HIV/AIDS and would prefer not to disclose the status on this form for the sake of confidentiality, you may wait until you have received your membership number to do so. On receipt of your membership number, please call LifeSense at 0860 506 080 in order to register on the HIV/AIDS Disease Management Programme. In order to qualify for HIV/AIDS benefits, registration on the LifeSense programme is compulsory.

28. Indien jy of enige van jou afhanklikes met MIV/VIGS leef en ter wille van vertroulikheid verkies om dit nie op hierdie vorm aan te dui nie, kan jy wag totdat jy jou lidmaatskapnommer gekry het voordat jy dit doen. Skakel asseblief LifeSense by 0860 506 080 by ontvangs van jou lidmaatskapnommer om vir die MIV/VIGS Siektebestuursprogram te registreer. Ten einde te kwalifiseer vir MIV/VIGS voordele, is registrasie op die LifeSense program verpligtend.

Question number Vraag nommer	Name of patient Naam van pasiënt	Nature and duration of illness and full details of treatment undergone or expected to undergo Aard en duur van siekte en volle besonderhede van behandeling wat jy ondergaan het of verwag om te ondergaan	Date Datum	Name and telephone number of attending doctor or hospital Naam en telefoonnommer van geneesheer of hospitaal	When did you or your dependants last have symptoms or receive treatment? Wanneer laas het jy of jou afhanklikes simptome ondervind of behandeling ontvang?

**TO BE COMPLETED BY EMPLOYER / MOET DEUR WERKGEWER VOLTOOI WORD**

Name of employer / Naam van werkgever

Applicant's employment date / Aanstellingsdatum van aansoeker

Pay point number / Betaalpuntnommer

Persal / Payroll number / Persal / Betaalstaat nommer

Department / Division / Departement / Afdeling

**Number of dependants / Aantal afhanklikes**

Adults / Volwassenes

Children / Kinders

Non-subsidised dependants / Ongesubsidieerde afhanklikes

**Personnel Officer / HR Administrator / Personeelbeampte / MH Administrateur**

Telephone number / Telefoonnommer

Fax number / Faksnommer

E-mail / E-pos

Name of Personnel Officer / Naam van Personeelbeampte

Designation / Titel

Signature of Personnel Officer / Handtekening van Personeelbeampte

Date / Datum

We confirm that the applicant is employed by us and commenced employment on the above date. Contributions are being deducted according to the Scheme Rules and option selected. All sections of the application form have been completed. Ons bevestig hiermee dat die aansoeker by ons in diens is sedert bogenoemde datum. Bydraes word ooreenkomstig die Skemareëls en die gekose opsie afgetrek. Die aansoekvorm is volledig voltooi.

**CONTRIBUTION PAYMENT DETAILS / BESONDERHEDE VIR BYDRAEBETALINGS**

(If not paid by employer / Indien nie deur werkgever oorbetal word nie)

PLEASE NOTE: Bank account holder to sign this section for authorisation. NEM KENNIS: Bank rekeninghouer moet hierdie deel teken vir magtiging.

Note: Contributions are payable monthly in advance / Nota: Bydraes is maandeliks vooruitbetaalbaar.

Bank

Branch / Tak

Account in the name of / Rekening in die naam van

Type of account / Tipe rekening  Cheque / Tjek

Transmission / Transmissie

Savings / Spaar

Bank branch code / Banktakkode

Account number / Rekeningnommer

I undertake to advise TeleMed in writing of any changes which may occur in the above details immediately upon such change becoming effective. / Ek onderneem om TeleMed skriftelik te verwittig van enige veranderings aan bogemelde inligting sodra dit van krag kom.

Account holder's signature / Handtekening van rekeninghouer

