



MEDICAL AID SCHEME



Administered by

Discovery Health

Contact details

Tel: 0860 123 077 • PO Box 652509, Benmore 2010 • www.tfgmedicalaidscheme.co.za

Health Check exception form 2023

Who we are

TFG Medical Aid Scheme (referred to as 'the Scheme'), registration number 1578, is a non-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as 'the administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07). We take care of the administration of your membership for the Scheme.

Contact us

Tel (members): 0860 123 077, Tel (health partners): 0860 44 55 66, www.tfgmedicalaidscheme.co.za, PO Box 784262, Sandton, 2146, 1 Discovery Place, Sandton, 2196.

Purpose of the form

The purpose of the form is to manage an exception process of manually capturing Health Check metrics for members outside of South Africa and members within South Africa who do not have access to healthcare providers in the Wellness Network. Please make sure you are using the most up-to-date form. Download the latest version of all forms from www.tfgmedicalaidscheme.co.za, Find a document > Application forms.

How to complete this form

This form must be completed and emailed to vitalityadminupdates@discovery.co.za.

1. Healthcare Professional details

Form fields for Healthcare Professional details: Date, First name(s), Surname, Practice/registration number, Country.

2. Member details

Form fields for Member details: First name(s), Surname, ID or passport number, Date of birth, Membership number, Email address.

3. Screening for adults (18 years and older)

Form fields for Screening for adults: Blood pressure (Systolic, Diastolic), Body Mass Index (Height, Weight, Abdominal circumference), Blood glucose (Random glucose, HbAC1c), Cholesterol (Total cholesterol, HDL, LDL, Triglycerides).

4. Screening for children (2 - 18 years old)

Blood pressure

Systolic

Diastolic

Body Mass Index

Height cm

Weight kg

Abdominal circumference cm

Healthcare provider signature

Date