



## Health Check exception form 2024

### 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](http://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](http://www.tfgmedicalaidscheme.co.za), Find a document > Application forms.

### How to complete this form

This form must be completed and emailed to [healthchecks@discovery.co.za](mailto:healthchecks@discovery.co.za).

### 1. Doctor details

Date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
First name(s)	<input type="text"/>
Surname	<input type="text"/>
Practice/registration number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

### 2. Member details

Membership number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
ID or passport number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Member's name	<input type="text"/>
Member's surname	<input type="text"/>

### 3. Screening for adults (18 years and older)

<b>Blood pressure</b>	Systolic	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Diastolic	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
<b>Body Mass Index</b>	Height	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	cm	Weight	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	kg
	Abdominal circumference	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	cm			
<b>Blood glucose</b>	Random glucose	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	mmol/l	HbAC1c	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	%
<b>Cholesterol</b>	Total cholesterol	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	mmol/l	HDL	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	%
	LDL	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	mmol/l	Triglycerides	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	mmol/l

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

Blood pressure

Systolic

Diastolic

Body Mass Index

Height     cm

Weight     kg

Abdominal circumference     cm

Doctor signature

Date