

GEMAS

Grintek Electronics
Medical Aid Scheme

APPLICATION FOR ADDITIONAL DEPENDANTS

TO BE COMPLETED BY MEMBER

Principal member:

Member's surname:

First name/s:

Membership number:

Identity number:

Company/Division:

Additional dependant/s:

Surname	First names/s	Identity number	Relationship	Date of birth

Dependant/s to be registered as from: _____

Did your dependant belong to a previous medical aid? **If yes, please attach a membership certificate/s.**

Medical History: (NB - Not to be completed when dependant is newborn) The answer to these questions, which will be treated as confidential, and should be as detailed as possible.

It is most important that the questions on the following page be answered as thoroughly as possible. The answers to these questions will be treated as confidential. It is important to note that any medical condition, of which you are aware, not disclosed in this application, can be excluded from benefit. Please advise whether you or any of your dependants suffer from, or have suffered from, or received treatment/consultation for any of the following conditions. Please ensure that you underline the appropriate condition, tick and complete the appropriate block/s.

			YES	NO	Name of member/dep.
1.	Heart & Vascular System	High blood pressure, high cholesterol; angina; heart attack; angiogram, previous coronary artery bypass; rheumatic fever; heart murmurs, valve problems/replacement, arrhythmias - insertion of pacemakers; heart failure; stroke; varicose veins; DVT's (deep vein thrombosis); pulmonary emboli.			
2.	Lungs	Asthma; emphysema; chronic bronchitis, TB; chronic infections - bronchitis & pneumonia.			
3.	Digestive System, Gallbladder; Liver	Dyspeptic disease (heartburn; hiatus hernia; peptic ulcers; reflux); irritable bowel syndrome (spastic colon; inflammatory bowel disease e.g. Crohn's & ulcerative colitis; chronic diarrhoea/constipation); gallstones & jaundice; hepatitis; pancreatitis; haemorrhoids; incontinence; bowel prolapse.			
4.	Nervous System	Persistent headaches, epilepsy; paralysis; degenerative diseases - Alzheimer's; Parkinson's; multiple sclerosis; stroke; neuralgias; ADD (attention deficit disorder).			
5.	Bone; Muscle & Joints	Arthritis; rheumatism; gout; back or neck problems; fibromyalgia; previous fractures; deformities; degenerative muscle disease, osteoporosis; previous amputations/artificial limbs; birth defects; joint replacements.			

			YES	NO	Name of member/dep.
6.	Urinary Tract	Infections; stones; albumin/blood in urine; urinary incontinence; prolapsed bladder.			
7.	Gynaecological System	Menopause, female hormone replacement, irregular menses; infertility; breast tumours (benign/malignant); ovarian tumours, cysts; prolapsed uterus/rectum/bladder; miscarriage; caesarian section.			
8.	Male Genital System	Prostate problems (hypertrophy/cancer or infections); infertility; hernias - groin; scrotal swellings; testicular tumours; abnormalities of the penis.			
9.	Gland/Hormonal	Over/under active thyroid; diabetes mellitus; Cushings syndrome; Addison's disease; pituitary gland abnormality.			
10.	Blood	Anaemia; bleeding disorders (haemophilia), leukaemia; Hodgkin's disease.			
11.	Ear, Nose & Throat	Allergies (rhinitis, sinusitis); chronic infections (otitis, tonsillitis); nasal reconstruction; snoring; sleep apnoea; deafness - hearing aids.			
12.	Eyes	Poor vision; birth defects; degenerative disease (glaucoma; retinitis pigmentosa; cataracts; keratoconus), allergies - pteryguims; anticipated/previous laser surgery; artificial eyes.			
13.	Emotional (psychological, psychosomatic problems)	Depression; bipolar disorder; anxiety; stress, previous treatment for post traumatic stress syndrome; eating disorders - bulimia & anorexia; mental retardation; alcoholism; drug abuse.			
14.	Infections/ Tropical Diseases	Sexually transmitted diseases; genital warts; HIV/AIDS; hepatitis; ME-Virus (Yuppie Flu); malaria; bilharzias; cholera; typhoid.			
15.	Skin Disorders	Acne; eczema; psoriasis; lesions (keloid hypertrophic scars), skin rashes; shingles; kaposi sarcoma - tumours.			
16.	Connective Tissue Disorders	Systemic lupus erythromatosis; scleroderma.			
17.	Teeth & Gums	Impacted molars (wisdoms); previous/current orthodontic treatment; braces; crowns; recurrent infections - gums.			
18.	Cancer	Cysts; growths; tumours of any kind.			
19.	Allergies	Are you or any of your dependants allergic to any specific type of medication (e.g. penicillin, aspirin, sulphas, morphine, NSAIDS); pollen dust; animals; specific food types (e.g. nuts).			
20.	Immuno-Suppressive Treatment	Have you or any of your dependants ever had or expecting to undergo an organ transplant? Have you or any of your dependants ever suffered from any condition requiring immunosuppressive treatment?			
21.		Have you or any of your dependents ever received any form of physiotherapy, occupational therapy or chiropractic treatment?			
22.		Are you or any of your dependants pregnant? If "yes" - how many weeks? Please give expected date of delivery.			
23.		Have you or any of your dependants had any previous or pending claims for which any other party may be liable e.g. MVA (Motor Vehicle Accident) claims? If "yes", please give details.			
24.		Are you or any of your dependants expecting to undergo any medical treatment, e.g. hospitalisation, operation, specialised dentistry etc, within the next twelve months?			
25.		Do you or any of your dependants have a chronic condition requiring ongoing medication? If "yes", please give the name and dosage of all the medication you or any of your dependants are currently taking.			
26.		Have you or any of your dependants ever received any medical attention of any nature, e.g., hospitalisation, operation, specialised dentistry etc, not mentioned above?			
27.		Have you or any of your dependants ever appeared before a medical board in view of early retirement and declared medically unfit?			

