

Contact us
Tel: 0860 99 88 77, 1 Discovery Place, Sandton, 2146. www.discovery.co.za

The Health Check may be inclusive of its various iterations detailed below, depending on the products/programmes applicable to you, which are administered by Discovery Health (Pty) Limited; Discovery Life Limited and/or Discovery Vitality (Pty), namely:

- The Health Check for adults and seniors and/or Kids Health Review for Discovery Health Medical Scheme (DHMS) members.
- The Vitality Health Check, Vitality Health Check for 65+, and/or Kids Vitality Health Check, for members on a Vitality Membership .

1. Details

Surname

First names

ID number

Vitality membership number (optional):

2. Health Checks

By completing and signing this form, I agree and consent to participate in a Health Check assessment and/or an applicable iteration. I understand that, depending on the rules governing my benefits and products, this Health Check may include:

- The measurement of blood pressure
- Checking of cholesterol and glucose levels
- Checking my height, weight and waist circumference (body mass index computation)
- An HIV test (The test is voluntary and the healthcare provider, performing the test, will require your consent to proceed. Please note that that should you hold a Vitality membership, Discovery Vitality will not have access to the results of the test, but merely whether the HIV test was completed or not.)
- A non-smoker's declaration.
- Falls risk assessment (only applicable to the Health Check for seniors and Vitality 65+ programme)

3. Kids Health Check

In the event of a Kids Health Review/Kids Vitality Health Check being performed, I confirm that I am the legal guardian and do not have any legal restrictions to provide the consent for the following minor child or children:

Name and identity number:

Name and identity number:

Name and identity number:

Name and identity number:

I consent to the above assessment data, as it applies, being shared with Discovery Health, Discovery Health Medical Scheme and/ or Discovery Vitality (where applicable) for the purposes set out in the applicable privacy statements and the terms and conditions governing my membership and applicable benefits.

I acknowledge that:

- This is a screening assessment
- I am fully responsible for monitoring or further investigations that may be required if any of my test results fall outside of recommended healthy parameters.
- I participate in the Health Check voluntarily and do not hold any entity in the Discovery Group or the healthcare professional liable for any damage or injury caused while doing so.

By signing this consent form:

- I accept the terms and conditions governing the relevant Health Check, as applicable to me.
- I also consent and agree that the assessment data, including personal and special personal information, arising from the Health Check, Vitality Health Check and/or Kids Health Review, shall be shared with the below-mentioned entities in accordance with their privacy statements and terms and conditions governing the programme/medical aid scheme that applies to me, as follows:

Products held	Shared with
DHMS	Discovery Health and Discovery Health Medical Scheme
DHMS and Vitality	Discovery Health, Discovery Health Medical Scheme and Discovery Vitality
Vitality and a qualifying initiating product	Discovery Vitality and the administrator of the initiating product

Should I hold a Vitality membership:

- I acknowledge and consent to Discovery Vitality obtaining personal information, including special personal information, about me, from entities within the Discovery Group that I hold products with, which may include, but not be limited to Discovery Health (Pty) Ltd, my medical scheme administered by Discovery Health or its subsidiaries, Discovery Life Limited, and/or Discovery Bank Limited, for the purposes of administering my Vitality membership as well as to customise and provide me with additional services and products in future aimed at promoting my health and wellness outcomes, as well as for the purposes set out in Discovery Vitality's privacy statement.
- I agree that Discovery Vitality may process my assessment results to determine any risk factors that may apply to me and recommend appropriate interventions. Such recommendations may include referring me to Discovery's network of authorised third parties.
- Where applicable, I expressly consent to the processing of the assessment data arising from the Kids Vitality Health Review by Discovery Vitality for purposes of managing my Vitality membership.

The rules governing your membership which include without limitation, either individually or a combination thereof the Vitality Main Rules, the Vitality Privacy Statement, Discovery Health / Discovery Health Medical Scheme Privacy Statement and/or Discovery Life Privacy Statement. These may be found on the Discovery Website. If you believe we have acted contrary to what was agreed to, you may object or let us know by sending an email to our information officer at privacy@discovery.co.za

Signed at

[illegible]

Name

[illegible]

Signed

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Date signed

Y	Y	Y	Y	M	M	D	D
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Vitality manual points allocation form



Are you the principal member? ☐ 0 Name Surname

Other role: PLEASE TICK Spouse ☐ 1

Child Dependant ☐ 2 Adult Dependant ☐ 3

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This form must be completed and faxed to 011 539 2217 or emailed to vitalitypartnerrelations@discovery.co.za

1. Pharmacy details

Date Pharmacy Name

Nurse

Patient details

Name Surname

ID number Discovery member number

DOB Sex: Male ☐ Female ☐ Tel No:

Cell Phone No:

Send Vitality report to what email?

Body Mass index

Height cm

Weight kg

Abdominal circumference cm

Blood pressure

Systolic

Diastolic

Pharmacy screening

Glucose mmol/l

Cholesterol mmol/l

Non smokers' declaration

Never smoked ☐

Ex-smoker ☐

Current smoker ☐

If the member is an ex-smoker, has it been more than three months? Yes ☐ No ☐ Specify : mnths yrs

Discovery Age

How many servings of fruit do you eat a day?

How many servings of veggies do you eat a day?

How many days are you active a week on average?

Less than once a week ☐ Once a week ☐ Twice a week ☐ Three times a week ☐ Four or more times a week ☐ Less than 5 minutes ☐

If you are physically active, for how many minutes do you exercise a day?

15-30 minutes ☐ 30-45 minutes ☐ 45-60 minutes ☐ 60-75 minutes ☐ 75-90 minutes ☐ More than 90 minutes ☐

Flu vaccination

Date

HIV Testing and Counselling

Date

Vaccinations

Completing childhood vaccinations – children younger than 24 months Yes ☐ No ☐

Date

Vitality non-smoker's declaration

By signing this form:

- I confirm that I am a non-smoker or an ex-smoker.
- I do not smoke and have not smoked or vaped (any products containing tobacco including electronic cigarettes) regularly or occasionally within the last 12 consecutive months.
- I agree to inform Discovery Vitality within three months of starting smoking or vaping (any products containing tobacco including electronic cigarettes), should I no longer be a non-smoker.
- I agree to undergo a test to prove my non-smoker status if Discovery Vitality requests one. I understand that these requests are made randomly.

By signing this form, you accept the terms and conditions above.

Non-smokers are eligible to earn up to 20 000 Vitality points for having all five Vitality Health Check metrics in range.

Name and Surname:

ID or Passport number:

Date:

Place:

Signature: