momentum

Retest of blood pressure

Policy number	
Member number*	
Group number* (*Fill in for FundsAtWork)	

1: Details of insured life

Name of insured life	
Permanent identity/passport number	Permanent identity number Yes No
Date of birth D D M M Y Y Y Y	Telephone
Financial adviser's name	Financial adviser code
Broker house code	Telephone

2: For completion by insured life

1. Are you at present receiving, or have you received treatment for raised blood pressure? Yes No

   If "yes", state name and address of doctor who prescribed treatment

2. State the type of medication used, including dates for each type.

Type of medication		from M M Y Y Y Y	to M M Y Y Y Y
Type of medication		from M M Y Y Y Y	to M M Y Y Y Y

Signature of insured life	**Date** – – 2 0

3: For completion by medical doctor or nurse

Test the blood pressure of the insured life, take three readings over a 10 - 20 minute period.

Make sure that the insured life is both mentally and physically relaxed before you take the readings.

Reading *(if more than one reading was taken, record them all)*

Date D D M M Y Y Y Y	Time :	Systolic/Diastolic / mmHg
	Time :	Systolic/Diastolic / mmHg
	Time :	Systolic/Diastolic / mmHg

Have you ever taken the insured life's blood pressure in the past? If "yes", provide date and readings obtained. Yes No

Date D D M M Y Y Y Y	Time :	Systolic/Diastolic / mmHg

Comments:

4:   Verification of the identity of the insured life

Medical doctor's name		Initials	

Address

Postal code

Year of first qualifying	Y Y Y Y	Telephone	

Qualifications

HPC registration number		Practice number	

I, the undersigned, declare that I have taken due and proper care to verify the true identity of the insured life and have witnessed his/her signature and I have inspected the insured life's:

Identity document		Temporary identity document	
South African passport		Foreign passport		Driving licence	

Signature of medical doctor

Date D D M M Y Y Y Y

We pay according to the Momentum fixed rate.