

BESTMED TEMPO - HEALTH ASSESSMENT FORM



TERMS AND CONDITIONS

Introduction

Employees/Individuals will be required to give permission that the Process Manager(s) are allowed access to their personal information in order to advise on interventions required. However, no individual information will be shared with any other party than those the individual gave permission to. Participants will know exactly what information will be used by which party for what purpose and they will have to agree to this before registration/participation can be finalised.

Overall – IT System

The registration process is secure by means of a secure https website. We validate registration against HR data from the employer and with a validation e-mail. Employees can be assured of the following:

- Individual data will not be shared with your employer, only aggregated group data (except maybe compliance).
- Individual data will only be shared with medical providers under strict supervision. A provider will only see information that is applicable to the diagnosis they have to make and will only see member's data that is assigned to them. After the consultation the provider will not be able to view the member's data anymore.

Authorisation To Use

I, irrevocably authorise Bestmed Medical Scheme its successors and assigns, to use in whole or in part my personal information as per the following statement, study(ies), medical history, picture, endorsement or quotation obtained from the following sources:

- Information on confirmation that lifestyle questionnaire was completed – to the Wellness Coordinator as well as other personal details such as contact number, office location – in order for her to schedule an appointment for the biometric screening.
- Analyse lifestyle data as provided in order to provide participant of risk classification report. Report will be generated per programme and forwarded to participant.
- Include individual results (anonymous) in group report that will be discussed and analysed by the Health Committee.

I furthermore authorise that my individual results and biometric data may be shared/provided to the healthcare providers/network providers, as part of the intervention program.

This authorisation shall be an exclusive authorisation in relation to such statement, study, personal information, medical history, picture, endorsement or quotation and shall be valid for the circumstances as explained to me by the Coordinator.

Signature of member

D	D	M	M	Y	Y	Y	Y
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Date

1. PERSONAL PARTICULARS

Title	<input type="text"/>
First name	<input type="text"/>
Surname	<input type="text"/>
ID number	<input type="text"/>
Employer	<input type="text"/>
Branch	<input type="text"/>
Tel number	<input type="text"/>
Cellular number	<input type="text"/>
E-mail	<input type="text"/>
Membership number	<input type="text"/>

2. LIFESTYLE

Please answer the following questions by indicating with and "X" in the appropriate column:

Smoking - Tobacco			
1. Do you currently smoke/use any tobacco products such as cigarettes, cigars or pipes?	No, I have never smoked/ used any tobacco products		
	No, but I use to		
	Yes, I currently smoke		
2. Do you want to quit smoking or tobacco use?	Yes	No	
3. Would you like to get support to stop smoking or tobacco use?	Yes	No	Not sure
4. Do any of your friends or family smoke?	Yes	No	
Prevention			
1. Do you get an annual Physical Exam, as recommended by your doctor?	Yes, I do always	Yes, I do sometimes	I do not
2. Do you get your Flu shot annually?	Yes, I do always	Yes, I do sometimes	I do not
Gender-specific: Male			
3. Do you get your PSA test as suggested by your doctor?	Yes	No	
4. Do you get your Colonoscopy as suggested by your doctor?	Yes	No	
5. Do you perform self- testicular examination as recommended?	Yes	No	
Gender -specific: Female			
6. Do you get a Pap Smear as suggested by your doctor?	Yes	No	
7. Do you get a Mammogram as suggested by your doctor?	Yes	No	
8. Do you perform a self- breast examination as recommended?	Yes	No	

Nutrition				
1. In a typical week how many days do you eat fruits & vegetables?		5 or more	3-4 days	2 or less
2. How many servings of fruits & vegetables do you eat in one of those days?		5 or more	3-4 servings	2 or less
3. Do you limit the amount of fat, saturated fat and cholesterol you eat (including fat on meats, eggs, butter, cream, oil)?		Most of the time	Sometimes	Never
4. Do you limit the amount of salt you eat by cooking with only small amounts, not adding salt at the table and avoiding salty snacks?		Most of the time	Sometimes	Never
5. Do you avoid eating too much sugar (especially frequent snacks of sweets or soft drinks)?		Most of the time	Sometimes	Never
6. In an average week, how often do you eat meals that are NOT prepared at home?		Most of the time	Sometimes	Never
7. Indicate the kinds of breads and grains you usually eat.		Nearly always eat refined grain products		
		Eat mostly refined grain products, some whole-grain		
		Eat both about the same		
		Eat primarily whole-grain products, some refined		
		Eat only whole-grain products		
Exercise				
1. How often do you engage in moderate or vigorous physical activity for at least 30 minutes continuously?		5 or more days a week	3-4 days	2 or less
2. How often do you participate in moderate or vigorous physical activity?		5 or more days a week	3-4 days	2 or less
3. How often do you participate in 1 or more of the following: yoga, stretching, chair exercises?		5 or more days a week	3-4 days	2 or less
4. Do you avoid sitting or reclining for a prolonged period of time?	Always	Most of the time	Sometimes	Never
5. Do you walk or cycle as a means of transportation whenever possible?	Always	Most of the time	Sometimes	Never
6. Would you like to enroll in an exercise program at work?		Yes	No	Not sure
Alcohol				
Gender-specific: Female				
1. At what frequency do you consume more than one alcoholic drink per day?		Never	Sometimes	Always
Gender-specific: Male				
2. At what frequency do you consume more than two alcoholic drinks per day?		Never	Sometimes	Always
3. Have you ever thought to reduce/quit alcohol?			Yes	No
4. Would you like support to stop or reduce your alcohol intake?		Yes	No	Not sure
Emotional stress				
1. Do you have an activity outside of work that you enjoy?			Yes	No
2. Do you find it easy to relax and express your feelings freely to others?			Yes	No
3. Do you recognize situations that are likely to be stressful?			Yes	No
4. Do you participate in group activities or hobbies (such as religious or community events) that you enjoy?			Yes	No
5. Are you satisfied with the balance between your work time and leisure time?			Yes	No
6. Do you feel unreasonably hurried in your daily routine?			Yes	No

Safety		
7. Do you wear a seatbelt when traveling in a vehicle?	Yes	No
8. Do you avoid riding with drivers who are under the influence of alcohol or other drugs?	Yes	No
9. Do you use the recommended safety equipment (goggles, life jacket, etc.) for all activities in which you participate?	Yes	No

3. BIOMETRICS

Height	<div></div>	Total Cholesterol	<div></div>
Weight	<div></div>	Blood Glucose (Random)	<div></div>
Systolic Blood Pressure	<div></div>		
Diastolic Blood Pressure	<div></div>		

4. CONSENT PROVISIONS BY APPLICANT

1. I hereby expressly make the following acknowledgements in respect of Bestmed's processing of my Personal Information and/or Special Personal Information and/or that of my dependants/child(ren)/spouse(s) ("collectively referred to as "Personal Information"), as defined in terms of the Protection of Personal Information Act, 4 of 2013 (POPIA):
 - 1.1 That I have read and understood the provisions of Bestmed's Data Protection and Privacy Policy, thereby fully appreciating the manner in which Bestmed may process my Personal Information and for which purpose(s) Bestmed may process such Personal Information.
 - 1.2 That through submitting this application, I may be providing Bestmed with the Personal Information of my spouse(s), children and/or other dependant third parties.
 - 1.3 That by engaging with Bestmed through any physical and/or electronic means, Bestmed will in effect be processing the Personal Information provided by me from time to time.
 - 1.4 That Bestmed may from time to time, depending on the circumstances, collect my Personal Information from another source other than myself.
 - 1.5 That I fully appreciate that Bestmed places a high premium on my privacy and/or that of my dependants, spouse(s) and/or children.
 - 1.6 That I have read and understood the undertakings made by Bestmed in its Data Protection and Privacy Policy to the effect that it will ensure that any and all of my Personal Information and/or that of my dependants/child(ren)/spouse(s) shall be processed with a reasonable standard of care as may be expected from Bestmed.
 - 1.7 That I fully appreciate that Bestmed will only process my Personal Information and/or that of my dependants/child(ren)/spouse(s) in a manner consistent with the provisions of its Data Protection and Privacy Policy, as well as for the purpose(s) set forth therein.
 - 1.8 That, in accordance with the provisions of Section 18 of POPIA, I have been provided with adequate notification of the processing of my Personal Information by Bestmed, the scope and purpose(s) for such processing, as well as my rights to object to such processing should I elect to do so.
 - 1.9 That I acknowledge that the processing of my Personal Information is a mandatory requirement for the existence of a valid medical aid.
2. In light of the above acknowledgements, and in accordance with the requirements set forth in Section 11 of POPIA, I hereby provide my specific and informed consent to Bestmed for the processing of my Personal Information and/or that of my dependants/child(ren)/spouse(s), for any purpose(s) legitimately connected or related to my application for membership, which purpose(s) may include, but not be limited to the following:
 - 2.1 To provide or manage any information, products and/or services requested by me pursuant to my application for membership.
 - 2.2 To establish my needs, requirements and preferences in relation to the products and/or services provided by the Bestmed.
 - 2.3 To facilitate the delivery of products and/or services to me as a member of Bestmed.
 - 2.4 To administer my claims and premiums.
 - 2.5 To activate my medical aid and/or prescribed benefits.
 - 2.6 To allocate a unique identifier to me for the purpose of securely storing, retaining, and recalling my Personal Information from time to time, including after my membership is terminated.
 - 2.7 For general administration purposes pertaining to my membership.
 - 2.8 For legal and/or contractual purposes and to enable Bestmed to comply with its contractual obligations towards me.
 - 2.9 To transact with suppliers and business partners, including healthcare service providers, managed facilities, network hospitals, pharmacies and relevant regulatory authorities to facilitate the delivery of products and/or services to me.
 - 2.10 To provide me with health and wellness information throughout the subsistence of my membership.
 - 2.11 To transact with third parties and transfer my Personal Information to such third parties for the purpose of enabling Bestmed to fulfil its contractual obligations towards me.
 - 2.12 To analyse my Personal Information collected for research and statistical purposes.
 - 2.13 To transfer my Personal Information across the borders of South Africa to other jurisdictions should it be required in the legitimate pursuit of Bestmed's business requirements.
 - 2.14 To carry out analysis and profiling of my membership profile.
3. In as far as I provide Bestmed with the Personal Information of any third party, including my spouse(s), children or other dependants, I hereby warrant that I have acquired the consent of such third party to do so and in the event of that individual being a child, I do so in my capacity as a "competent person" in respect of such Personal Information, as contemplated in terms of the provisions of POPIA.

Accordingly, I hereby indemnify and hold Bestmed harmless against any claims of whatever nature that may arise as a result of the processing of any Personal Information as provided by myself, for purposes of my membership with Bestmed.

4. Bestmed may identify other products and services which might be of interest to me, as well as to inform me of such products and/or services.

Yes	No
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Signature of applicant