

MEDICAL AID DETAILS FOR HOSTEL LEARNERS:

LEARNER'S SURNAME & NAMES:

DATE OF BIRTH:

HOUSE / HOSTEL:

FATHER/GUARDIAN SURNAME & NAME:

ID NR FATHER / GUARDIAN:

TEL FATHER / GUARDIAN:

WORK:

HOME:

CELL:

FAX:

MOTHER/GUARDIAN SURNAME & NAME:

ID NR MOTHER / GUARDIAN:

TEL MOTHER / GUARDIAN:

WORK:

HOME:

CELL:

FAX:

ACCOUNT PAYER'S SURNAME & NAME:

ACCOUNT PAYER'S ID NR (copy attached):

POSTAL ADDRESS:

RESIDENTIAL ADDRESS:

RELATIVES / FRIENDS:

1. SURNAME & NAME:

RELATIONSHIP:

TEL:

WORK:

HOME:

CELL:

FAX:

2. SURNAME & NAME:

RELATIONSHIP:

TEL:

WORK:

HOME:

CELL:

FAX:

MEDICAL AID:

NAME:

NO:

DOCTOR (IN POTCH)

PHARMACY (IN POTCH):

DENTIST (IN POTCH):

ALLERGIES:

COPY OF MEDICAL AID CARD ATTACHED:

I hereby certify that the above-mentioned particulars are true and correct.

SIGNATURE:

DATE: