



UNIVERSITY OF MALAWI MEDICAL SCHEME (UNIMED)

MEMBERSHIP REGISTRATION FORM

STUDENT COVER

(For office use only)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Membership Number

SECTION A - COLLEGE DETAILS

COLLEGE NAME _____

SECTION B – MEMBER DETAILS

STUDENT REGISTRATION NUMBER

PROGRAM OF STUDY _____

YEAR OF ENTRY IN COLLEGE ____/____/20____

YEAR TO BE OUT OF COLLEGE ____/____/20____

GENDER:

TITLE _____ MALE FEMALE

SURNAME _____

FIRST NAME(S) _____

DATE OF BIRTH ____/____/____

NATIONALITY _____

ADDRESS _____

CELLPHONE NUMBER _____ EMAIL _____

MARITAL STATUS SINGLE MARRIED DIVORCED WIDOWED

DATE OF APPLICATION ____/____/____

ANNEXURE B: MEDICAL INFORMATION

Supply full details on questions. Where an answer to a question is “yes” provide details in the space provided below.

Have you ever experienced any of the following?
Please TICK the relevant box

			Yes	No
1	Cardio Vascular	Chest pain/angina, heart attack, heart failure, heart valve disease, rheumatic fever, high blood pressure (hypertension), High cholesterol, heart murmurs, circulatory problems/disorders, varicose veins, deep vein thrombosis (DVT), or any other heart or circulatory problems		
2	Respiratory & Breathing	Asthma, difficulty with breathing, bronchospasm, tuberculosis (TB), coughing up blood, emphysema, pneumonia, cystic fibrosis, pthisis, chronic bronchitis, shortness of breath, any other breathing problems		
3	Bladder & Kidneys	Blood in urine, kidney failure, polycystic kidneys, kidney or bladder infections, removal of kidney (nephrectomy), kidney stones, abnormal kidney or urine tests or any other kidney problems		
4	Reproductive & Gynae	Endometriosis, infertility, ovarian cysts, hysterectomy, abnormal PAP smear, laser treatment, cervix and breast biopsies, fibro-adenosis of the breast, laparoscopies, hormone replacement therapy, prostate infections or surgery, prostate enlargement or any other reproductive problems		
5	Digestive system	Duodenal ulcers, gastric ulcers, peptic ulcers, hiatus hernia, colon problems, crohn's disease, ulcerative colitis, gall bladder problems, liver problems or any other digestive problems		
6	Ear, Nose & Throat	Deafness, ear infections,, sinus problems, nasal surgery, throat surgery		
7	Dental	Orthodontic treatment, dental surgery, speech impairment, harelip, cleft palate, or any other such surgery.		
8	Eyes	Blindness (partial or full), eye surgery, lens implant, cataracts, glaucoma, renitis pigmentosa, retinal detachment, impaired vision, or any other eyesight problems		
9	Endocrine	Diabetes mellitus or insipidus, underactive thyroid, overactive thyroid, thyroid surgery, Cushing's syndrome, Addison's disease, pituitary gland, gland problems or any other glandular problems		
10	Back & Muscles	Neck or back problems or operations, recurrent back pain, osteoporosis, ankylosing spondylitis, rheumatoid arthritis, osteo-arthritis, or any other bone or skeletal disorders.		
11	Neurological	Epilepsy, stroke (CVA), migraine, brain or head injuries, spinal cord injuries, paralysis, multiple sclerosis, mental retardation, narcolepsy, motor neuron disease, Parkinson's disease, Alzheimer's disease, or any other neurological problems		
12	Psychological	Depression, anxiety, psychosis, suicide attempts, bipolar disorders, manic depression, "Stress", schizophrenia, tourete's syndrome, anorexia nervosa, received advice, counseling or hospitalization for alcohol or drug abuse, attention deficit disorders, bulimia or any other psychological disorders.		
13	Tumours & Growths	Benign or malignant growths or lumps or tumors including melanoma, lymph gland cancer, leukemia, breast cancer or any other tumours, growths and cancers.		
14	Blood	Blood or bleeding disorders, e.g. hemophilia, Christmas factor deficiency, platelet or any other blood clotting disorders.		
15	Skin	Eczema, acne, dermatovositis, psoriasis, scleroderma, or any other skin disorders		
16	Sexually transmitted diseases	Advice, treatment or counseling for any of the following: HIV/AIDS, syphilis, gonorrhea, herpes, genital ulcers, pelvic infectious disease, genital warts, hepatitis B or any other sexually transmitted disease or disorder.		
17	Hospitalization	Have you ever been hospitalized? If yes, how frequently?		
18	Treatment & Surgery	Are you expecting any medical or dental advice, treatment, or are you planning any such treatment within the next three to six months?		
19	Dangerous pastimes	Are you participating in any hazardous sport or occupations e.g. motor or motorbike or motorboat racing, dragster racing, bungee jumping, skydiving, scuba diving, or any other hazardous pursuits?		
20	Pregnancy	Are you currently pregnant? Should the answer be yes, when is the expected date of delivery? (yyyy/mm/dd)		
21	Other	Are there any other factors related to your health that is not disclosed above?		
22	Planned treatment	During the last 12 months, have you had any special dentistry treatment or are you planning any such treatment within the next six months?		

Question number	Nature and duration of condition or symptoms. Date of diagnosis and duration of treatment	Dates symptoms were last experienced	Exact dates of treatment/hospitalisation	Medication/treatment and monthly cost thereof

For official use only	
..... Membership approved Date