

MANUAL FORM

It is preferable to complete the form online (details below).
If it is not possible, please complete the form below in full and return to Hatzolah.

DELIVER TO HATZOLAH

Hatzolah House,
29 Durham St, Raedene.

EMAIL: confidential@hatzolah.co.za

FAX: 086 560 3343

Name			
Surname			
ID Number			
Medical Aid			
Medical Aid No.			
Email		Cell	
Address			
		Postcode:	
Emergency Contact		No.	

MEDICAL HISTORY

Chronic Conditions (Conditions you take medication for)	
Major Surgeries	
Other Important Information	
Current Medication	
Allergies	

ONLINE FORM

STEP 1: Log on to www.hatzolah.co.za **STEP 2:** Register as a user

STEP 3: Select 'Medical Information' **STEP 4:** Add/update your personal & medical details

- PLEASE USE ONE FORM PER PERSON -

Note that all information is treated in the strictest confidence and is only used in the case of a medical emergency.