

- New
- Modern
- Comfortable
- Convenient
- Secure

**KOVACS UWC STUDENT VILLAGE MEDICAL INFORMATION FORM**

<b><i>STUDENT NAME</i></b>	
<b><i>STUDENT NO.</i></b>	
<b><i>NAME OF MEDICAL AID FUND</i></b>	
<b><i>MEDICAL AID NO.</i></b>	
<b><i>PRINCIPLE MEMBER'S NAME</i></b>	
<b><i>CONTACT DETAILS IN THE EVENT OF AN EMERGENCY:</i></b> <b><i>NAME:</i></b>	.....
<b><i>NUMBERS:</i></b> <b><i>(HOME)</i></b>	.....
<b><i>(MOBILE)</i></b>	.....
<b><i>DO YOU SUFFER FROM DEPRESSION</i></b>	<b><i>YES / NO</i></b> .....
<b><i>ARE YOU ON CHRONIC MEDICATION</i></b>	<b><i>YES / NO</i></b> <b><i>ILLNESS:</i></b> .....
<b><i>ANY OTHER IMPORTANT INFORMATION RE. ILLNESSES/ ALLERGIES</i></b>	..... ..... .....

