



EXECUTIVE CORPORATE WELLNESS SOLUTIONS

EXECUTIVE MEDICAL BOOKING FORM

A CONTACT PERSON FOR CO-ORDINATING MEDICALS

Company name:	<input style="width: 95%;" type="text"/>		
Name:	<input style="width: 45%;" type="text"/>	Surname:	<input style="width: 45%;" type="text"/>
Telephone no.:	<input style="width: 45%;" type="text"/>	Cell no.:	<input style="width: 45%;" type="text"/>
Fax no.:	<input style="width: 45%;" type="text"/>	E-mail:	<input style="width: 45%;" type="text"/>

B EXECUTIVE MEDICALS

Number of medicals required:	<input type="text" value="Males"/>	<input type="text" value="Females"/>										
Option 1: Universal Professional Wellness Screening	<input type="checkbox"/>	Option 3: Universal Executive Medical Experience	<input type="checkbox"/>									
Option 2: Universal Onsite Executive Medical	<input type="checkbox"/>	Option 4: Universal Premier Executive Medical Experience	<input type="checkbox"/>									
Total fee (excl. VAT):	<input style="width: 80%;" type="text"/>		Date of medicals:									
If onsite, physical address of medical:	<table border="0" style="width: 100%;"> <tr> <td style="width: 10%; text-align: center;">D</td><td style="width: 10%; text-align: center;">D</td><td style="width: 10%; text-align: center;">M</td><td style="width: 10%; text-align: center;">M</td><td style="width: 10%; text-align: center;">Y</td><td style="width: 10%; text-align: center;">Y</td><td style="width: 10%; text-align: center;">Y</td><td style="width: 10%; text-align: center;">Y</td> </tr> <tr> <td><input style="width: 100%;" type="text"/></td> </tr> </table>			D	D	M	M	Y	Y	Y	Y	<input style="width: 100%;" type="text"/>
D	D	M	M	Y	Y	Y	Y					
<input style="width: 100%;" type="text"/>												
	<input style="width: 60%;" type="text"/>	Postal code:	<input style="width: 20%;" type="text"/>									

Optional extras: _____

Exclusions: _____

Please allow at least one month after payment has been received before the first medical is scheduled to take place.

C CONTACT DETAILS FOR PERSON RESPONSIBLE FOR ARRANGING PAYMENT

Name:	<input style="width: 95%;" type="text"/>	Surname:	<input style="width: 95%;" type="text"/>
Designation:	<input style="width: 95%;" type="text"/>		
Telephone no.:	<input style="width: 45%;" type="text"/>	Cell no.:	<input style="width: 45%;" type="text"/>
Fax no.:	<input style="width: 45%;" type="text"/>	E-mail:	<input style="width: 45%;" type="text"/>

D INVOICING DETAILS

Company name:	<input style="width: 95%;" type="text"/>	Vat number:	<input style="width: 95%;" type="text"/>
Physical address:	<input style="width: 95%;" type="text"/>		
	<input style="width: 60%;" type="text"/>	Postal code:	<input style="width: 20%;" type="text"/>
Postal address:	<input style="width: 95%;" type="text"/>		
	<input style="width: 60%;" type="text"/>	Postal code:	<input style="width: 20%;" type="text"/>

 NAME

 DESIGNATION

 AUTHORISED SIGNATURE

D	D	M	M	Y	Y	Y	Y
<input style="width: 100%;" type="text"/>							

 DATE

E PAYMENT DETAILS

The total amount should be transferred via EFT into the account of Universal Healthcare Services (Pty) Ltd. Please use the following **reference number**: *Exec + company name*.

Account name: Universal Healthcare Service (Pty) Ltd Account number: 40-7172-4809
Bank: ABSA Branch name: Sandton
Type of account: Current Branch code: 632005

The medicals will only take place after proof of full payment is received by Universal Healthcare Services. Proof of payment should be faxed to 086 505 7749 or e-mail to Gladys.mugodo@universal.co.za.

F LOGISTICAL REQUIREMENTS

Kindly note that the client agrees to the following:

Client participation

- ✦ Provision of a four week lead time for the implementation of the executive medicals.
- ✦ The client will assist in creating awareness and encouraging executives to take part in the executive medicals.
- ✦ Provision of physical address, directions and map for onsite bookings.

Contact person

- ✦ Provision of a contact person to assist in the bookings for the executive medicals and of venues at the premises of the client as well as any other logistical requirements that may need to be addressed.
- ✦ The contact person will provide a list of all the partaking Executives – this list will include the following detail:
 - Name
 - Cell no
 - Surname
 - Email address
 - Title
 - Contact details of personal assistant
 - Gender
 - Tel no
 - ID / Birth date
 - Cell no
 - Branch/Division/Department
 - Email address
 - Tel no
- ✦ Distribution of information, questionnaires and pathology sheets etcetera to the Executives.
- ✦ Provision of refreshments to service provider(s)

Venue

- ✦ Suitable venues for onsite medicals. This will include good lights, power point, table, chairs and privacy.
- ✦ Venues must be available 1,5 hour before the executive medical will take place
- ✦ Provision of parking for service provider(s)

D	D	M	M	Y	Y	Y	Y

DATE

AUTHORISED SIGNATURE

G INTERMEDIARY DETAILS (IF APPLICABLE)

Name of brokerage:	<input type="text"/>	Brokerage code:	<input type="text"/>
Full name of Consultant/ Agent:	<input type="text"/>	BC code:	<input type="text"/>
Consultant/ Agent Sub-code:	<input type="text"/>	Fax no.:	<input type="text"/>
Telephone no.:	<input type="text"/>		
E-mail:	<input type="text"/>		

SIGNATURE OF BROKER

SIGNATURE OF CONSULTANT

COMPANY AUTHORISED SIGNATURE

Please fax the completed booking form to Universal Corporate Health at 086 504 1545 or e-mail to exehealth@universal.co.za.