



Details

First Names and surname:
ID no:
Contact number:
Email Address:
Medical aid:
Medical aid no:
Patient code:

Person responsible for medical aid

To be completed if you are not the main member

Initials and First Name:
Surname:
ID no:
Contact number:

Fee structure:

All health assessments will be paid from your member screening benefits from the respective medical aids, thus there will be no direct cost to you, unless you are completing it for the second time in a year.

All fitness assessments are payable upfront.

- Momentum Fitness: R500.00
- Vitality Fitness: R556.00

Consent form

(Permission to receive Discovery Vitality/Momentum Multiply fitness and/or health assessments at Reignite Health (PTY) LTD))

I, _____,

Health assessments:

- give Discovery Health (Pty) Ltd/Momentum Health (Pty) Ltd, and our third-party providers (Reignite Health (PTY) LTD) permission to process your wellness assessment results and tell you how you can manage your health and lifestyle risks
- Your wellness results will be shared with Discovery/Momentum and its related companies:
 - So that you can earn your Vitality Points/Multiply returns (if applicable)
 - For reporting and researching purposes (these results will not include your name)

Confidential information



Fitness Assessment

- I acknowledge that this is a screening assessment and should any of my tests fall outside of normal parameters, I am responsible for monitoring further investigations that can be required.
- If one or more of the 'Medical History' or 'Preclusions' checkboxes above are checked, you are advised to consult with your doctor and get clearance from the doctor before doing a fitness test.
- I agree that Discovery Vitality/Momentum Multiply and its contracted research partners may use the results from the Fitness Assessment/Functional Assessment for statistical and research purposes. Data will be anonymised.
- My participation in the Fitness Assessment/Functional Assessment, is voluntary and at my own risk. I am aware that under no circumstances, including as a result of its negligent acts or omissions or those of its staff, servicers, agents, contractors, partners or other persons for whom in law it may be liable, will Vitality/Multiply or the Biokineticist conducting this assessment at Reignite Health (PTY) LTD be liable for any loss, injury or damage of any nature which I, my beneficiaries or any third parties may sustain as a result of my participation in this Fitness Assessment/Functional Assessment. I further confirm that the information provided by me in this consent form is true and correct and shall not hold Discovery Vitality/ Discovery Limited/Momentum Health/Momentum Multiply and/or the Biokineticist at Reignite Health (PTY) LTD for any misrepresentation of such information.
- I also consent and agree to providing Discovery Vitality/Momentum Multiply with my personal information which will be processed in keeping with the purpose and provisions of the rules governing the Vitality/Multiply Fitness Assessment, and further includes the purposes set out in the Vitality/Multiply Main Rules and Privacy Statement. I acknowledge and consent to Discovery Vitality/ Momentum Multiply obtaining personal information, including special personal information, about me, from entities within the Discovery/Momentum Group that I hold products with, for the purposes of administering my Vitality/Multiply membership as well as to customise and provide me with additional services, interventions and/or products in future aimed at promoting my health and wellness outcomes, as well as for the purposes set out in Discovery Vitality's/Momentum Multiply's privacy statement. I further agree that Discovery Vitality/Momentum Multiply may process my assessment results to determine any risk factors to me and recommend appropriate interventions. I consent to Discovery Vitality/Momentum Multiply processing my special personal information from other Discovery/Momentum entities, and further may include referring me to Discovery's/Momentum's network of authorised third parties.
- I understand that the assessment is not suitable for pregnant women and that Discovery Vitality/Momentum Multiply will not be liable for any injury to myself or my unborn child should I request the Biokineticist at Reignite Health (PTY) LTD to perform the assessment while I am pregnant.
- I am aware that Reignite Health will keep my records secure from the public for at least seven years post the assessment, or death.

I hereby agree that I understand the above and that I was not forced to consent to this. I also agree that all questions regarding the consent form have been answered/clarified.

BHSc (Biokinetics) with Honours (WITS)
Sports Massage Therapy (HFPA)
Short courses:
Medial Neuroscience, Nutrition and Health
HPSCA #: BK 0035327
PRACTICE #: 0981400



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Website: reignitehealth.co.za
Facebook: Reignite Health
YouTube: Reignite Health

Signature (parent/guardian if patient is under 12)

Date

Reignite health authorised signatory

Date