CAMAF
MEDICAL SCHEME
IN A CLASS OF ITS OWN

CAMAF MOTHER-TO-BE PROGRAMME

Dear CAMAF Member

Congratulations on your pregnancy, and thank you for joining the Mother-to-be Programme. I hope that this will be an exciting and joyful time for both mom and dad.

The Mother-to-be-Programme is a wellness programme that is available to both mom and dad to assist with any pregnancy and newborn baby questions that you may have.

To complete your registration on the programme, I require some information from mom.

Please complete the following and fax or e-mail it back to me.
Fax: 011 706 9946
E-mail: maternity@camaf.co.za

Membership number		
Mom's name and surname		
Dad's name and surname		
Mom's cell phone number		
Mom's landline – home/work	Home:	Work:
Mom's email address		
Dad's email address		
Physical work address where your gift can be delivered, during your last trimester. Either mom or dad's work address is suitable.	Name of workplace	
	Street address	
	Name and contact number of person gift can be left with, should you not be available at time of delivery	
In weeks, how far pregnant are you?		
Expected delivery date		
Are you planning a natural birth or caesarean section?		
Doctor's name		
Doctor's practice number		
Hospital name		
Hospital practice number		
Do you take medication on a daily basis for any reason. If so, name of medication and medical condition.		
Previous surgery?		
Previous pregnancies and type of delivery (Natural/Caesarean Section)		
What is your occupation; would you say your job is of a low/ moderate/high stress level?		
Did you have infertility treatment for this pregnancy? If yes, name of procedure.		

Should you have any further queries, please do not hesitate to contact me.
Yours sincerely

Mother-to-be Wellness Co-ordinator
Telephone 0860 100 544

Submit form to CAMAF