

PERSONAL CONTACT & MEDICAL INFORMATION FORM



Name: _____ Student ID Number: _____

Address: _____

Telephone: (M): _____ Car Reg. (If driving to AUWWCC) _____

Date of Birth: ____/____/____ Gender: Male Female

Medicare No: _____

In the case of emergency, please provide accurate details of persons to be contacted.

Name: _____ Relationship: _____

Address: _____

Telephone: (H): _____ (M): _____

Doctors Name: _____ Phone: _____

Notes of Importance: _____

Do you have Private Health Insurance? Yes No

Fund & Table: _____ Policy/Membership No. _____

Are you an Ambulance Service Member? Yes No

Membership No. _____

General Health Profile

Do you or have you suffered from any of the following?

- | | | |
|----------------------|--------------------------|-----------------|
| Chest Pain | Neck Problems | Heart condition |
| High Blood Pressure | Arthritis | Joint problems |
| Low Blood Pressure | Back Problems | Knee problems |
| Epilepsy | Fainting/dizziness | Ulcers |
| Respiratory problems | Muscle/ligament Diabetes | Asthma |
| Problems | Haemophilia | Blackouts |

Other

Please specify details: _____

Do you have any current injuries or illnesses? If so please give details.

Injury/Illness	Treatment	Restrictions

Do you take any medication? Yes No

If so, Name/Type: _____ Treatment for: _____

Please remember to bring with you any form of medication you require e.g. ventolin.

Do you have any allergies (i.e. drugs/food/medication)? Yes No

If so, Name/Type: _____ Treatment for: _____

Do you have any special dietary requirements? Yes No

If so, please specify: _____

I hereby declare that the above information is true and accurate. In the event of an accident or injury, where it is not possible to communicate with me, I consent to myself receiving such medical or surgical treatment as may be deemed necessary and hereby agree to pay all fees and expenses associated herewith.

Signed: _____

Date: ____/____/____

***All information provided will be kept in confidence and used only in the event of an accident or emergency.**