

CENTRAL COAST WOODTURNERS CO-OP LTD

~ Member Medical Information Sheet ~



Please note that this information is to be used only in case of an emergency where irgent medical help is required. It is designed to help you get the best and quickest help available.

Members Full Name :		
Address:		
Date of Birth: / /	Blood Type (if known):	Religion:
Home Phone Number:	Mobile Number:	
Medicare Number:	Position on Card:	
Pension Number:		
Health Fund:	Health Fund Number:	
Next of Kin:	Relationship:	
Address:	Contact No:	
Emergency Contact 2:	Contact No:	
Emergency Contact 3:	Contact No:	
Family Doctors Name, Address, Phone Number:		
Specialists names, Area of Expertise and Phone Number:		
Allergies:		

Present Medical Conditions:

Brief Medical History:

Current Medications and Dosage Rates:7

Feel free to include additional pages if there is insufficient space available.

**** By signing this form you give permission for this information to be passed on to Ambulance**

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and Hospital staff if necessary.

Signature: _____

Today's Date: / /

Give this completed form to a committee member asap.