



North Balwyn Community Men's Shed



Member Medical Details

Name:

Address:Postcode.....State:

Emergency Contact Person:

Name:Relationship:

Phone Numbers - HomeMobile.....

Allergies:

Medical Conditions:.....

Current Medications:

.....

Do you have current immunization against Tetanus: YES / NO

Medicare Number:

Private Health Insurance Fund: YES / NO

Fund Name:Membership Number.....

Ambulance Subscriber: YES / NO

GP's NameTelephone No.....

Pension or Healthcare Card Number:

Any other relevant information:

.....

I give permission for North Balwyn Community Men's Shed Inc. to seek medical assistance for myself, should the need arise: YES / NO

Date:..... Signed:.....

Privacy statement. The personal information requested is being collected for the purposes of a membership application to North Balwyn Men's Shed Inc. This information is required to process this application. The information will be used only for these purposes and will not be disclosed to any external party without the consent of the person applying.