Health Statement

H1
V2019 02 25

Personal Information

Date of Birth		**Membership Number**	
First Name		**Last Name**	

Home Address					
Suburb		**State**		**Postcode**	

Postal Address (if different)					
Suburb		**State**		**Postcode**	

Home Phone	Silent ☐	**Mobile**	Silent ☐
Email			

Medical Information

Permission to disclose medical information to member?	Yes ☐ No ☐

Medical Alerts

Medical Alert Bracelet Worn?	Yes ☐ No ☐	**Medical Alert Necklace?**	Yes ☐ No ☐

Medications taken

Medication	Dose	Method of Administration

Known Allergies

Allergy	Details	Reaction	Treatment
Animal Hair			
Antibiotics			
Bandages/ dressings			
Bee, Ant or Wasp sting			
Drugs (other than Antibiotics)			
Dust mites			
Food dyes/ colourings			
Foods (please also detail in Dietary requirements)			
Nuts			
Other			
Other			
Other			

Medical Aids Used

Aid	Details
Asthma inhaler / pump	
CPAP pump	
Epi-Pen	
Insulin pump	
Pacemaker	
Wheelchair	
Other	
Other	
Other	

Known Medical Conditions

Condition	Details
ADHD	
Arthritis	
Aspergers	
Asthma	
Back Problems	
Bed Wetting	
Blood Pressure	
Diabetes	
Ear Infections	
Epilepsy	
Hay fever	
Hearing Disorders	
Heart trouble	
Intellectual Disability	
Migraine	
Sleep Apnoea	
Sleep Walking	
Visual Impairment	
Other	
Other	
Other	

Special Dietary Requirements

Diets	Details
Gluten free / Coeliac	
Halal	
Hindu	
Kosher	
No Dairy	
No Egg Product	
No Lactose	
No Seafood	
Nut Free	
Vegan	
Vegetarian	
Other	
Other	

Medical Action Plans

Personal Medical Plans?	Yes ☐ No ☐ If yes, please attach the plans.

Health and Ambulance Fund (Hospitals sometimes require the following information)

Health Fund		**Health Fund No.**	
Ambulance Fund		**Ambulance Fund No.**	

Medicare

Medicare No.		**Person No.**	

Tetanus Injection

Date of last Tetanus injection?	
Permission given to administer Tetanus Injection	Yes ☐ No ☐

Emergency Contact Details Parent / Guardian / Caregiver

Emergency Contact Details are the Parent / Guardian / Caregiver listed for the person named above. To add additional emergency contacts please attach a separate piece of paper.
NOTE: The person listed in field number one (1) will be emailed the annual Membership Fees from Branch Headquarters

	Parent / Guardian / Caregiver (1)	**Parent / Guardian / Caregiver (2)**
Relationship to Child		
First Name		
Middle Name		
Last Name		
Gender		
Home Phone		
Work Phone		
Mobile		
Email		
Occupation		
Home Address		
Postal Address (if different)		

Parent / Guardian or Member's Declaration

The information provided above is correct to the best of my knowledge and I agree to provide details to the Leader should any health issues change during the year.

Signature of Parent or Guardian		**Date**	
Relationship to Child (Parent / Guardian / Care Giver)			
Signature of Member (If over 18 years)		**Date**	
Printed Name			