



Member's Health Record

For use by Ambulance Officers only in case of an emergency.

Members Name:

EMERGENCY CONTACT

Please state your preferred contact person in the event of an emergency:

Surname: Phone No. _____

First Name:

Street Address:

Suburb:

Postcode:

MEDICAL HISTORY

Please record below any medical conditions that should be provided to the Ambulance or Medical Officers in the event of an emergency, and place in a sealed envelope with your name printed on the front. This information will remain confidential and only provided to medical officers upon request.

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Please also list any medication being prescribed by your doctor.

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Signature: Date:.....

THIS DOCUMENT WILL BE HELD IN A SECURED CABINET AT THE CLUB HOUSE