

# Member's Health Record

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



Members Name:

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## EMERGENCY CONTACT

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

Surname: .....

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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.....  
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Signature: ..... Date: .....

**THIS DOCUMENT WILL BE HELD IN A SECURED CABINET AT THE CHAPTER 104 CLUB HOUSE**