

Timber Lake Tours

Fish for a Legend

Medical Information Form

Please note: any information you provide here is on a voluntary basis. The information will only be used in the case of a medical emergency or to ascertain if any special dietary precaution should be considered by staff of Timber Lake Tours. The amount of information you provide (if any) is entirely up to you. Please see the Privacy statement for information on how your data is kept.

Participant Details

Title:	
Given Name(s):	
Surname:	
Street:	
Suburb:	
Postcode:	
Date of Birth:	
Gender: Male/Female	
Home Phone:	
Business Phone:	
Mobile:	
Email Address:	

Details of Next of Kin

Please provide details of someone we can contact in the event of a serious accident or medical issue.

Title:	
Given Name(s):	
Surname:	
Street:	
Suburb:	
Postcode:	
Home Phone:	
Business Phone:	
Mobile:	
Email Address:	

Medical Information

Medicare Number:	
Position on Card:	
Health Care Card Number:	
Pensioner Health Benefits Card:	
Pharmaceutical Benefits Card:	
Private Health Insurance Fund:	
Private Health Insurance Number:	
Do you have ambulance cover:	YES NO

Special Dietary Needs

Please list any special dietary needs that you may have

--

Medical History

Have you been immunised against Tetanus?	
Drug Allergies	
Food Allergies	
Other Allergies	
Epilepsy, fits or blackouts	
Skin condition	
Diabetes	
Asthma (include asthma plan)*	
Other Respiratory problems	
A disability or chronic illness	
A current illness eg. Flu	
Any recent injury, operation or illness and approx date	
Heart Issues	
Blood Pressure Issues	
Other	