



PERSONAL DETAILS FORM

The details below are very important in the event of an accident or personal injury. Please fill in honestly and accurately.

NAME _____

ADDRESS _____

PHONE NUMBER _____ D.O.B. _____

EMERGENCY CONTACT _____

Relationship and phone number _____

G.P. NAME AND NUMBER _____

MEDICARE NUMBER _____

Private health fund and member number _____

Do you wish to be treated as a private patient? Please answer YES or NO.
(If NO, private health insurance details should not be passed to the authorities).

Ambulance Cover and member number _____

BLOOD TYPE _____ Leave blank if unsure

CURRENT MEDICATIONS _____

ALLERGIES _____

CURRENT MEDICAL CONDITIONS _____

This personal details form should be duplicated and placed in a sealed envelope with your name on the front. The envelope should be carried in the vehicle along with envelopes for each person travelling in the vehicle. Please keep in the glove box or centre console, as well as the second copy given to the trip leader.

Signature _____ Date _____