

Ellenbrook & Districts Men's Shed Association Inc.

A.B.N. 64 890 678 429

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MEMBERS CONFIDENTIAL MEDICAL HISTORY FORM

This voluntary information will be kept in a sealed envelope in a safe place in the Shed. It will be opened **ONLY** if needed by a paramedic in the event of a member becoming incapacitated.

Members Name:		
Date of Birth:		
Address :		
Emergency contact:	Name	Phone/Mobile Number

Do you have any **allergies?** (Penicillin, Codine, Dairy/Lactose allergy, Sulphur, or any other? (please list)

Do you take any **medication?**
(Please list or attach a list from your GP or Pharmacist)

Do you have:	yes	no	yes	no	yes	no
Asthma			Heart complaint		Kidney disease	
Blood disease			Heart Valve disorder		Low blood pressure	
Cardiac pacemaker			Hepatitis A		Lung disease	
Covid 19 virus			Hepatitis B		Nervous Condition	
Diabetes			Hepatitis C		Organ transplant	
Digestive condition			High blood pressure		Radiation therapy	
Epilepsy			HIV / Aids Virus		Rheumatic Fever	
Excessive Bleeding			Joint replacement		Thyroid disease	

Have you any other information regarding your health or treatment?

Please complete, sign and place this register into the envelope provided for safe keeping.

PLEASE PRINT NAME AND MEMBERSHIP YEAR CLEARLY ON THE FRONT OF THE ENVELOPE & SEAL IT.