



Membership medical information form

PO Box 561 | Beaudesert | Queensland 4285

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| | |
|----------------------------|-------------------------------|
| Name and membership number | Address (including post code) |
|----------------------------|-------------------------------|

| | | |
|-----|------------|--------|
| DOB | Home phone | Mobile |
|-----|------------|--------|

Emergency contacts

| | |
|----------------|-------|
| 1 Contact name | Phone |
| 2 Contact name | Phone |

Current medical history

1 Do you have a disability?
Yes No If YES, what is your disability and please explain how it could affect you

2 Do you take any medication?
Yes No

3 Do you suffer any allergies?
Yes No If YES, please list

4 Do you have any current medical problems?
Yes No If YES, please list

Confidential information – for use in emergency only