



**PLEASE READ -----YOUR MEDICAL RECORDS**



**These are private and confidential and we have no wish to observe them. However, in an emergency we may need to act quickly on your behalf, therefore you will find enclosed a separate form for you to fill in together with an envelope for your use. Clearly write your name on the envelope and SEAL it. We request you hand it in when making your 2010 annual subscription fee. Kindly tick the appropriate box on the registration form that you have done so. If it is your wish not to adhere to this request please sign the disclaimer on your registration form. These envelopes will remain in the office at all times with the exception of off campus bus trips and social events. They will be placed in a box and taken with us.**

**U3A MELTON CAMPUS INC. MEDICAL FORM**

**FULL NAME**

**DATE OF BIRTH**

**CONTACT PERSON 1 & PH. NO**

**CONTACT PERSON 2 & PH. NO**

**MEDICAL DETAILS.....**

**DOCTOR & PH. NO**

**CLINIC ADDRESS**

**MEDICATION ALLERGIES**

**CURRENT MEDICATION**

**LOCATION OF MEDICATION**

**SIGNED**