

**Saftey Beach Dromana Men's Shed**

Marna Street (entry and car park via Pier Street)

Dromana, Victoria, 3936

Phone: 5981 4765 Email: secretary@sbdmensshed.com Web: www.sbdmensshed.com



# Member Health Information

## Strictly Confidential

The information contained in this document is for medical emergency use only.

The document will be retained in an envelope sealed by the member and secured with other membership records.

It will **only** be opened in the event of a medical emergency affecting the member.

Member Name	Street Address	Suburb	Postcode	Phone	Mobile	Date of Birth

Email

**Contact 1**

Name	Relationship	Phone	Mobile

**Contact 2**

Name	Relationship	Phone	Mobile

**Personal Doctor**

Name	Clinic / Suburb	Phone

**Specialists**

Name	Clinic / Suburb	Phone

**Blood Type (if known)**

Blood Type (if known)	Allergies

**Medical History** (circle selection)

Diabeties	Y / N	High Blood Pressure	Y / N	High cholesterol	Y / N	Thyroidism	Y / N
Angina	Y / N	Stroke	Y / N	Asthma	Y / N	Emphysema	Y / N
Epilepsy	Y / N	Anemia	Y / N	Hepatitis	Y / N	Stomach Ulcer	Y / N

**Saftey Beach Dromana Men's Shed**

Marna Street (entry and car park via Pier Street)

Dromana, Victoria, 3936

Phone: 5981 4765 Email: secretary@sbdmensshed.com Web: www.sbdmensshed.com



# Member Health Information

Current Conditions		Type	Current Medications		
			Name	Strength	Dosage
Cancer	Y / N				
Blood disorder	Y / N				
Heart Problem	Y / N				
Breathing Problem	Y / N				
Kidney Problem	Y / N				
<b>Other medical conditions / history (describe)</b>					
			<b>List Implants, prosthetics, pacemakers</b>		
			<b>Type</b>		

  

Mobility		Type
Do you use a mobility aid ?	Y / N	

**Speech (circle)**

Is your speech normally	Clear/Concise
	Slurred

Member's signature .....

Date of completion .....