



HORNSBY WOODWORKING MEN'S SHED INC. MEMBER EMERGENCY CONTACT DETAILS

Member name: _____

Emergency contact name: _____

Relationship: _____ Phone No.: _____

Is there a Medical Practitioner that we should contact? Yes No

If "Yes" name: _____ Phone No.: _____

Medical conditions and allergies:

MEDICAL CONDITIONS AND DISABILITIES

- Do you have Diabetes? Yes No
- Have you ever had any form of Epilepsy? Yes No
- Have you had attacks of giddiness, fainting or other periods of unconsciousness in the last 5 years?
Yes No
- Do you have any Medical, Physical or Mental disabilities that may adversely affect your ability to use power tools or machinery? Yes No
- Do you have a Pacemaker or other condition that prohibits the use of a Defibrillator? Yes No

If you responded "Yes" to any of the above, please provide details:

MEDICATION

Do you carry medication? Yes No

If "Yes" please provide details

The information that you have provided will remain confidential and only be used by HWMS to assist you in the case of a medical emergency.