

**PERSONAL INFORMATION FORM
(Confidential)**

YOUR NAME:..... **Date of birth:**

Address:

Medicare No. **Blood Group:**

Hospital Fund Name: **No.**

Medical Conditions (if any):

.....

Allergies (if any):

.....

Current Medication:

NEXT OF KIN – NAME:

Address:

Telephone Nos. Home: **Work:**

Mobile:

EMERGENCY CONTACT (if different from above):

Address:

Telephone Nos. Home: **Work:**

Mobile:

DOCTOR/S - NAME:

Address:

Telephone No/s.

TRAVEL INSURANCE COMPANY (IF USED):

Telephone No. **Insurance Policy No.**

This information is confidential. Please place it in a sealed envelope, write your name on the outside of the envelope and hand it to the Society tour organiser on the day of departure. It will be returned to you unopened at the end of the tour if it has not been used.

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