

PLEASE PRINT ALL

ID/PASSPORT NO:

Are you a current member?

YES NO

MedicAlert™ Registration No.

Date of Birth

Sex

M F

Member's Details

Surname Mr/Mrs/Miss/Ms..... First Names.....

Home Address.....

Home Phone No..... Work Phone No..... Mobile No..... e-mail.....

Postal Address.....

Person to be contacted in an Emergency

Surname..... First Names.....

Address.....

Home Phone No..... Work Phone No..... Mobile No..... e-mail.....

Doctor's Details

Name..... Phone No..... Mobile No.....

Medical Aid No..... Name of Medical Aid Society.....

Medical Details

Blood Group (if known).....

Medical Practitioner, please tick which major problem and/or allergies should be engraved on emblem.

Medical Problems

- Alzheimer's Disease
 Angina
 Aortic Valve Prosthesis
 Arthritis
 Asthma
 Blind
 Cataracts
 Deaf & Dumb
 Diabetic (Insulin)
 Diabetic (Non Insulin)
 Epilepsy
 Emphysema

- Glaucoma
 G6PD Deficient
 Haemophilia
 Heart Condition
 Hypoglycaemia
 H.I.V. Positive
 Hypertension
 Joint Replacement
 Migraine Headaches
 Pacemaker
 Porphyria
 Prosthesis

- Renal Failure/Haemodialysis
 Sickle Cell Anaemia
 Wearing Contact Lenses

Allergies

- Anaesthetics
 Analgesics
 Antidepressants
 Aspirin
 Barbiturates
 Codeine

- Cortisone
 Elastoplast
 Erythromycin
 Insect/Bee Stings
 Iodine
 I.V.P. Dye
 Morphine
 Penicillin
 Streptomycin
 Sulphas
 Tetracycline
 Tetanus Toxoid

Special Needs

- Frequent Traveller
 Jogger
 Scuba Diver
 Identity only
 Living Will

Other medical problems..... Other Allergy.....

Current Medication.....

Signature Doctor/Pharmacist/Optician..... NAMAS No..... Date.....

APPLICATION, AUTHORISATION AND INDEMNITY FORM

I, (PLEASE PRINT) hereby apply for Registration with the MedicAlert™ FOUNDATION OF ZIMBABWE and authorise any medical officer or hospital official to give such particulars of my medical problems to the MedicAlert™ Foundation of Zimbabwe as it may deem necessary for use in the course of its work. I agree that I will not hold the MedicAlert™ Foundation of Zimbabwe, nor any other person acting on its behalf, liable for any matter whatsoever arising from or connected with the registration of my name and particulars and/or the issue to me of a MedicAlert™ emblem. I understand that 12 months after my particulars have been computerised, this application form may be destroyed.

Date..... Signature.....

(Above section to be completed by all applicants, and by Parent/Guardian in case of minors)

"Prevent Emergencies from becoming Tragedies"

KINDLY MARK WRIST SIZE REQUIRED, USING THIS SCALE AS A MEASURE



MedicAlert™ Membership Order

(Emblems are shown actual size. Please tick appropriate box)



Bracelet Type C A091



Bracelet Type B A126



Necklace Type A 66cm chain (approx) A721

Stainless steel emblem + membership fee

For further price and product information available please contact the office, or visit our website at www.medicalert.co.zw

Donation to the work of the Foundation \$.....

Normal delivery 1-2weeks

Collect Ordinary Post Registered Post Please tick appropriate box

Add \$4 to your remittance for registered post

Total payment \$.....

Payment with order. Prices subject to change

Please forward payment, or copy of the bank deposit slip together with your completed application form to MedicAlert™, P.O. Box 689, Harare, email medalert@africaonline.co.zw or visit the office situated at No. 1 Van Praagh Avenue, Milton Park, Harare (Mornings only Monday to Friday)

Bank Details:

Barclays Bank of Zimbabwe
Branch: FCDA Centre
Branch Code: 2157
Account No: 1001225