

PLEASE PRINT ALL INFORMATION

Are you a current member?

YES NO

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.....

I.D. No.....

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 the 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”

20 cm
18 cm
16 cm
14 cm
12 cm

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



Bracelet Type B



Necklace Type A
66cm chain (approx)

Stainless Steel Emblem \$ _____

For further price information on other products available please contact the office

MedicAlert Foundation
1 Van Praagh Avenue, Milton Park, Harare.
Tel: +263 242 704 488

or visit our website at
<http://www.medicalert.co.zw>

Donation

to the work of the Foundation \$ _____

Normal delivery 2 to 3 weeks

Collect	Ordinary Post	Registered Post	Please tick appropriate box
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Please add \$ _____ to your remittance for registered post.

Total Payment \$ _____

Please see banking details below;

Banking Details

Payment with order please. Prices are subject to change.

Bank Details: First Capital Bank
Account No: 21571001225
Acc Name: MedicAlert Foundation of Zimbabwe

EcoCash Merchant No. 01127
Mobile No. 0775 693 202