



THE UNIVERSITY OF
NOTRE DAME
A U S T R A L I A

SCHOOL OF MEDICINE FREMANTLE

Doctor of Medicine

Student Health Information

All information on this form remains private and confidential and will be used by the School for the purposes of administering emergency medical care or support to students.

Student Details

Student name:

Student ID No.

Date of Birth:

Residential Address (WA):

Suburb:

Post code:

Email:

Telephone (Home):

Other

Next of Kin/Emergency Contact

Name:

Address:

Suburb

Post code:

Email:

Telephone (Home):

Mobile number:

Work number:

Interstate students – please provide a local emergency contact if possible

Name:

Address:

Suburb

State:

Post code:

Email:

Telephone (Home):

Mobile number:

Work number:

CONFIDENTIAL HEALTH INFORMATION

In the case of a medical emergency it is helpful for students to disclose any medical conditions, allergies or pre-existing conditions or injuries to the School in order to ensure proper medical treatment and or appropriate assistance.

This information will be kept confidential and will only be disclosed in the case of emergency in order to protect your health, safety or well-being.

COMPLETION OF ALL BELOW IS VOLUNTARY

1. DETAILS OF KNOWN MEDICAL CONDITION(S) INCLUDING ALLERGIES

2. DETAILS OF ANY CURRENT MEDICATIONS

3. RECOMMENDED TREATMENT OR SPECIAL NEEDS

CONSENT TO CONTACT TREATING PRACTITIONER

I (full name)

Date:

Name of treating practitioner:

Telephone:

Has not been actioned