

Medical Confirmation Form



Date of issue

Use this form to provide medical confirmation and ensure your account remains registered for life support with us and your distributor. We will disclose your personal information (including health information) to your distributor and field vendors as part of managing your life support registration. If you don't provide us with the information in this form we may deregister your premises as requiring life support equipment and power to your premises may be disconnected.

You must send your completed form to us by:

Please send with either by

Email: lifesupport@urban.energylocals.com.au

Mail: PO Box 51, Chatswood NSW 2057

Should you require an extension to return a completed medical confirmation call please contact us at lifesupport@urban.energylocals.com.au or 1300 001 255 and our team will be happy to assist.

I understand that Energy Locals Urban will share the information provided with my gate meter retailer and distributor to update their records and registers. I will inform Energy Locals Urban if the person requiring life support equipment vacates the property or no longer requires life support equipment by calling 1300 001 255.

I acknowledge these conditions and certify any information given below is true and correct

Returning your completed form will satisfy your requirement to provide medical confirmation under the relevant rules and regulations and maintain life support registration at your premise.

1. Details

First Name

Last Name

Energy Locals Urban Account Number

Phone number

Email

Service address where equipment is located

Address

Suburb

State

Postcode

Date you require energy supply for the purposes of life support equipment

2. Life Support Equipment

I, or a member of my household, make use of the following life support equipment:

Chronic positive airways
pressure respirator/devices

Phototherapy equipment

Oxygen concentrator

Chronic positive airways
pressure respirator/devices
(24 hr)

Intermittent peritoneal dialysis
machine

Crigler Najjar syndrome
phototherapy equipment

External heart pump

Kidney dialysis machine

Enteral feeding pump

Ventilator for life support

Total Parenteral Nutrition (TPN) pump

Other equipment fuelled by electricity, certified
by a medical practitioner (please detail):

3. Medical Practitioner Confirmation

I, (Doctor)

hereby certify that a person residing at the above address requires the life support equipment indicated above.

Provider number:

Number of medical practice/hospital
where patient was reviewed

Phone number of medical practice/
hospital:

Signature and
stamp of medical
practitioner:

Date

4. Customer Confirmation

I,
certify that the details given above are true and correct and declare that I am responsible for the accounts at the service address where life support equipment is installed.

Signature of customer:

Our privacy policy is available at energylocals.com.au/privacy-policy. It explains how we use and disclose your information, your rights to access your information and any third parties we exchange information with.