

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 you will not have the protections afforded to customers with life support.

You must send your completed form to us by:

Please send with either by

Email: hello@energylocals.com.au

Mail: Level 2, 11 Newton Street, Cremorne VIC 3121

Should you require an extension to return a completed medical confirmation call please contact us at hello@energylocals.com.au or 1300 693 637 and our team will be happy to assist.

I have life support equipment in my premises and I wish to have the residence registered as life support dependent at this address. I agree to inform Energy Locals if the person for whom the life support equipment is required vacates the premises or no longer requires the life support equipment.

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 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

Intermittent peritoneal dialysis
machine

Oxygen concentrator

Ventilator for life support

Kidney dialysis machine

Crigler Najjar syndrome
phototherapy equipment

If you live in Victoria please visit energylocals.com.au/life-support to see what other equipment is covered.

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.