

EndemolShine Australia

Medical Questionnaire

Survivor

The information below is intended to assist us to care for you in the event of a medical emergency. These details will remain confidential.

Please carry your Medicare card whilst working for us.

PERSONAL DETAILS:

NAME: Jennifer

ADDRESS: 14 Roduck Road VIC

DATE OF BIRTH: 19/07/1989 BLOOD TYPE: UserBloodType

TELEPHONE NUMBER:

DOCTOR: UserDocName PHONE: UserDocTele

Do you suffer from any allergies? YES/NO If yes, please specify: UserAllergiesCheck

UserSpecifyAllergies

Do you have any pre-existing medical conditions requiring prescription medication or ongoing medical attention? YES/NO. If yes, please specify: UserMedicalConditions

UserSpecifyConditions

Do you have any physical limitations, recent or current workers compensation claims which may affect your ability to carry out the duties required by the role? If yes, please provide detail and a certificate of capacity or medical reports if available.

UserPhysicalLimits

UserSpecifyLimits

EMERGENCY CONTACT DETAILS:

Please list details of whom you would like us to contact in the event of an emergency.

CONTACT NAME: UserEmergencyName

RELATIONSHIP (eg spouse, parent): UserEmergencyRelation

PHONE NUMBER (w) UserEmergencyWork (h) UserEmergencyHome (m) UserEmergencyMobile

Please remember to notify the production company if these details change.

SIGNATURE: _____

userSigIP

DATE: eSigDate