This form is to be completed by the contractor company Director for each worker as this will help Universal Communications Group (“UCG”) assist the worker if they are ever require medical support or are involved in an emergency situation. The information will be used in strict accordance with UCG’s Privacy Policy.

**Personal Information**

|  |  |
| --- | --- |
| **Company Name** |  |
| **First Name** |  |
| **Middle Name** |  |
| **Last Name** |  |
| **Nickname or Preferred Name** |  |
| **Gender** |  |
| **State and Region** |  |
| **Home Address** |  |
| **Post Code** |  |
| **Home Phone No** |  |
| **Mobile No** |  |
| **E-mail Address** |  |
| **Birthday (DD/MM/YYYY)** |  |
| **Driver’s Licence No** |  |

**Medical Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Doctor’s Name** |  | **Phone No** |  |
| **Address** |  | | |
| **Blood Type** |  | | |
| **Medical Conditions** |  | | |
| **Allergies** |  | | |
| **Current Medications** |  | | |

**Emergency Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Emergency Contact’s Name** |  | | | |
| **Relationship** |  | | | |
| **Address** |  | | | |
| **Phone No** |  | | | |
| **Other Contacts** | **Relationship** | **Phone No** | **Mobile No** | **Work No** |
|  |  |  |  |  |
|  |  |  |  |  |