



**MEDICAL DETAILS (Please Enter All Available Information)**

**ENGRAVING REQUIRED (Please tick [✓] Appropriate Boxes)**

ALLERGIES	MEDICAL CONDITIONS	MEDICATIONS	BLOOD GROUP
<input type="checkbox"/> Penicillins <input type="checkbox"/> Sulphonamides <input type="checkbox"/> Tetanus Antitoxin/Toxoid <input type="checkbox"/> Tetracyclines <input type="checkbox"/>	<input type="checkbox"/> Asthma <input type="checkbox"/> Bleeding Tendency <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> G6PD Deficient <input type="checkbox"/> Haemophilia <input type="checkbox"/> Hypertension <input type="checkbox"/> On Hemodialysis <input type="checkbox"/>	<input type="checkbox"/> Anticoagulants <input type="checkbox"/> Insulin <input type="checkbox"/> Steroids <input type="checkbox"/>	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> AB <input type="checkbox"/> O  Rhesus <input type="checkbox"/> +ve <input type="checkbox"/> -ve <input type="checkbox"/>
		<b>SPECIAL NEEDS</b>	
		<input type="checkbox"/> Organ Donor <input type="checkbox"/> Pacemaker <input type="checkbox"/> Wearing Contact Lens <input type="checkbox"/>	

Details of Adverse Reactions and Additional Medical Information

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I agree to this record being placed with MedicAlert® Foundation Malaysia, and that they and/or their agents and/or the University Malaya Medical Centre, Kuala Lumpur and the members of its staff will not be responsible in any way whatsoever in the event of my sustaining any loss, damage or injury whatsoever by reason of their wrongful act, neglect or omission.

I agree that the facts as stated are correct to the best of my knowledge.

Signature .....  
*(Applicant)*

Signature .....  
*(Doctor)*

Date .....

Date .....

**PAYMENTS / MEMBERSHIP FEES**

Please include membership fees together with this form. Cost of emblem is not included in membership fees. Please tick [✓] one of the following:-

<input type="checkbox"/> Entrance / Registration Fee	: RM20/-	:	_____
<input type="checkbox"/> Ordinary Membership Fee	: RM25/- every 5 years	:	_____
<input type="checkbox"/> Life Membership Fee	: RM200/-	:	_____
<input type="checkbox"/> Cost of <u>each</u> emblem	: RM50/-	:	_____
Total			=====

Cheques or Postal Orders to be made payable to "MedicAlert Foundation Malaysia".

Please tick [✓] the choice of emblem required:

Neck pendant

Wrist bracelet



**FOR OFFICE USE ONLY**

Name: .....

Date of Registration: .....

Registration No: .....