

## Life Support Medical Confirmation Form

Medical confirmation is required for your inclusion in the Life Support Program. Completion and return of this Medical Confirmation Form to Ampol Energy will satisfy the requirement to provide medical confirmation under the energy laws. Please complete and return this form to Ampol Energy as soon as possible, but no later than the day that is 11 weeks from the date of issue of this form from the Customer Contact Team, via:

**Post:** GPO Box 4044, Sydney, NSW 2001

**Email:** [lifesupport@ampolenergy.com.au](mailto:lifesupport@ampolenergy.com.au)

You may request an extension of time to complete and return this Medical Confirmation Form by calling 13 14 04 (Monday - Friday, 9am-6pm Sydney time).

### Section 1 Life Support Customer Property Address

First Name

Last Name

Contact Number

Email

Unit No.

Street No.

Street Name

Suburb

Postcode

National Metering Identifier (NMI) (if known)

Date from which the supply of energy at the above premises is required for the purposes of the life support equipment

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### Section 2 Medical Practitioner Details (name, address and provider number - please stamp or print)

Name:

Address:

Provider Number (please stamp or print):

### Section 3 Certification by Registered Medical Practitioner

#### Certification

I certify that a person who resides, or is intending to reside at the above address, requires life support equipment being:

Oxygen Concentrator  Intermittent Peritoneal Dialysis Machine  Kidney Dialysis Machine

CPAP Respirator  Crigler Najjar Syndrome Phototherapy Equipment  Ventilator for Life Support

Other equipment that I certify is required for life support, including those specified in the information sheet provided with this form, being (please provide details below):

Medical Practitioner Signature

Date

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Privacy Notice: Ampol Energy Pty Ltd is collecting personal information on this form for the purpose of assessing your application for the Life Support Program and as set out in our Privacy Policy. By registering for the Life Support Program, you consent and agree to Ampol Energy Pty Ltd collecting, managing and disclosing the personal information you have provided to us in accordance with the Privacy Act 1988 (Cth) and our Privacy Policy. It is your responsibility to obtain all necessary consents in order to provide the information in this application. Our Privacy Policy is available at [www.ampolenergy.com.au/privacy](http://www.ampolenergy.com.au/privacy).

