



MedicAlert Foundation of Southern Africa  
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## Short application form

Name of Hospital/Clinic & Contact person \_\_\_\_\_

\_\_\_\_\_

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Title: \_\_\_\_\_

ID Number/Date of Birth: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hospital/Clinic: \_\_\_\_\_

Folder Number: \_\_\_\_\_

### Person to contact in emergency:

Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

Other (Organ Donor/Living Will/Blood Group, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emblem (circle one): Small Bracelet / Large Bracelet / Necklace

(if a silicone or velcro band is requested, then a R60 payment is required)