

GloBird Energy Medical Confirmation Form (Life Support)

Use this form to provide medical confirmation and ensure your account is registered for life support with GloBird Energy and your distributor. Completion and return of this form will satisfy the requirement to provide medical confirmation under the applicable energy rules.

You must return this completed medical confirmation form to us.

Email: customerservice@globirdenergy.com.au or

Mail: PO BOX 398 Ringwood 3134 Victoria

If you have any questions or want to request more time to complete and return your form, please contact us and we'll be happy to help.

- Email: customerservice@globirdenergy.com.au
- Call 133 456
- Chat with us online at globirdenergy.com.au

YOUR DETAILS

Title First Name Surname

Energy supply required for life support equipment (tick) Electricity Gas Electricity & Gas

Electricity account number Gas account number

Emergency Contact name Emergency Contact Ph

SUPPLY ADDRESS WHERE EQUIPMENT IS LOCATED

Street Number Street Name

Suburb State Postcode

NMI number on electricity bill MIRN number on gas bill

Telephone (home / landline) Telephone (work or mobile)

Date you require energy supply for the purposes of life support equipment

LIFE SUPPORT EQUIPMENT

I, or a member of my household, make use of the following life support equipment:

- Airbed vibrator
- Apnoea monitors
- Chronic positive airways pressure respirator
- Crigler Najjar syndrome phototherapy equipment
- External heart pumps

(Life support equipment list continues next page)



- Feeding pumps (kangaroo pump, or total parenteral nutrition)
- Hot water
- Insulin pumps
- Intermittent peritoneal dialysis machine
- Kidney dialysis machine
- Medically required heating and air conditioning
- Medically required refrigeration
- Nebulizer, humidifiers or vaporisers
- Oxygen concentrator
- Powered wheelchair
- Respirators (iron lung)
- Suction pumps (respiratory or gastric)
- Ventilator for life support

Any other equipment (whether fuelled by electricity or gas) that a registered medical practitioner certifies is required for a person residing at the customer's premises for life support:

MEDICAL PRACTITIONER / HOSPITAL CONFIRMATION

I, (doctor)

hereby certify that a person residing in the above address requires the life support indicated above.

Signature and stamp of
Medical practitioner

Date

IMPORTANT!

Have you completed your TWO Medical Confirmation forms?
This is compulsory.

YES