

PRELIMINARY ENQUIRY OF MEDICAL CONDITION



VICTORIA POLICE

PERSONAL INFORMATION

FAMILY NAME

GIVEN NAME (S)

DATE OF BIRTH

GENDER

Male Female

CONTACT DETAILS

MAILING ADDRESS

SUBURB

STATE

P/CODE

HOME PHONE

MOBILE PHONE

WORK PHONE

EMAIL ADDRESS

MEDICAL INFORMATION

BRIEF OUTLINE OF THE MEDICAL CONDITION/S

WHAT MEDICATION, IF ANY, BEING TAKEN:

This completed form should be emailed to medicalservices@police.vic.gov.au