

The Medical Centre Registration 2011/2012

Please Note: The Fee paid covers the period 1st September to 31st May inclusively

PERSONAL DETAILS

Student Number: _____

Name: _____

Home Address: _____

Waterford Address: _____

Home Phone Number: _____ Mobile Number: _____

Date of Birth: _____

MEDICAL DETAILS

Do you have any of the following Medical Conditions?

Asthma Diabetes Physical Disabilities

Epilepsy Other

Past illness or operations: _____

Any Relevant Family History: _____

Current Medication: _____

Allergies: _____

PAYMENT DETAILS

Please indicate if you wish to avail of a Scheme Yes No

Annual Fee €100.00

Method of Payment: Cash/Cheque

Laser Card/Credit Car

WIT Smart Card

or

Medical Card

(no payment required)

Medical Card Number (number in centre of Card): _____

Expiry Date: _____

Doctors number on Card: _____

Please indicate your year of study: 1st 2nd 3rd 4th

Please make cheques payable to "THE MEDICAL CENTRE"

If you wish to pay by Credit Card: Card Holders Name: _____

Card Number: _____

(last 3 digits beside signature on card) Security Number: _____

Expiry Date: _____ Signature: _____

COMPLETED FORMS SHOULD BE RETURNED (with appropriate fee where applicable) TO:

THE MEDICAL CENTRE, 29 BARRONSTRAND STREET, WATERFORD

or

THE MEDICAL CENTRE, WATERFORD INSTITUTE OF TECHNOLOGY, WATERFORD