

LIFE SUPPORT CERTIFICATE

PO Box 7285, Melbourne VIC 3004
www.ocenergy.com.au
1300 49 40 80

Please arrange for a copy of this certificate to be completed by your registered medical practitioner. OC Energy Pty Ltd (ACN 144 655 514) requires this certificate to determine whether you are eligible to register as a life support customer indicating to us that you require electricity supply at your residential address for life support equipment.

Section 1: Life support customer

OC Energy account number: _____
Full name: _____
Date of Birth: ____/____/____
Residential address: _____
Contact number: _____
Email: _____

CONSENT: I understand that OC Energy requires information from my registered medical practitioner to determine whether I am eligible to be a life support customer. I authorise my registered medical practitioner or its representatives to provide OC Energy with any information relevant to OC Energy's assessment. I authorise OC Energy to collect and use that information as OC Energy may require making its determination. I understand that OC Energy may refuse my application to register. I understand that OC Energy may from time to time contact me to confirm my continuing eligibility.

Customer's signature: _____

Section 2: Certificate to be completed by a registered medical practitioner

Date: ____/____/____
Practitioner's full name: _____
Practitioner's Provider Number _____
Address: _____
Contact number: _____

I certify that _____ has a medical condition and requires life support equipment that requires continuous access to an electricity supply.

The required life support equipment is:

- | | |
|---|--|
| <input type="checkbox"/> An oxygen concentrator | <input type="checkbox"/> Ventilator for life support |
| <input type="checkbox"/> Intermittent peritoneal dialysis | <input type="checkbox"/> Other – _____ |
| <input type="checkbox"/> Kidney dialysis machine | |
| <input type="checkbox"/> Chronic positive airways pressure respirator | |
| <input type="checkbox"/> Crigler najjar syndrome phototherapy equipment | |

INFORMATION FOR PRACTITIONERS: This customer is applying to register as a life support customer with OC Energy to certify that they require life support equipment at their residential address as stated above. Thank you for completing this certificate to help OC Energy make its determination.

Practitioner's signature: _____

