

Examining medical practitioner's details

5 Medicare provider number

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6 Qualifications

7 Dr Mr Mrs Miss Ms Other

Family name

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First given name

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8 Practice address

Postcode

9 Daytime phone number

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Email

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Certification

10 I certify that the applying medical practitioner is or was:

Tick one only

pregnant

caring for one or more children to whom she has given birth

recovering from a pregnancy

(including a miscarriage or stillbirth)

11 Date leave commenced

/ /

12 Date returned to remunerated medical practice (if known)

/ /

13 Date of examination

/ /

Privacy notice

14 Your privacy and security of your personal information is important to us, and is protected by law. We collect this information to provide payments and services. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacy

Declaration

15 I declare that:

- the information I have provided in this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence.

Examining medical practitioner's signature



Date

/ /
