

# Life Support Medical Confirmation Form

Fill out this form and return it to Energy Trade to confirm the life support requirement at your property.

You must return the completed form within 50 business days of notifying Energy Trade of your life support requirement. If you need an extension, please let us know by calling 1300 001 255 or emailing [lifesupport@energytrade.com.au](mailto:lifesupport@energytrade.com.au).

You can register the following equipment types (as specified in the National Energy Retail Rules and Energy Retail Code). Please tick the appropriate box:

- |   |  |
|---|--|
| <input type="checkbox"/> Oxygen concentrator                      | <input type="checkbox"/> Chronic positive airways pressure respirator (CPAP) |
| <input type="checkbox"/> Intermittent peritoneal dialysis machine | <input type="checkbox"/> Crigler najjar syndrome phototherapy equipment      |
| <input type="checkbox"/> Kidney dialysis machine                  | <input type="checkbox"/> Ventilator for life support                         |
| <input type="checkbox"/> Other. Please specify: _____             |  |

## Customer details

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Full name of Life Support equipment user (if different): \_\_\_\_\_

Residential address: \_\_\_\_\_

Date from which life support equipment is required at this address: \_\_\_\_\_

Mobile: \_\_\_\_\_ Landline: \_\_\_\_\_

**Energy Trade account number:** \_\_\_\_\_

I certify that the details provided are correct and understand that Energy Trade will share the information provided with my gate meter retailer and distributor to update their records and registers. I will inform Energy Trade if the person requiring life support equipment vacates the property or no longer requires life support equipment by calling 1300 001 255.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Medical Practitioner Certification

I, \_\_\_\_\_ (Medical Practitioner) hereby certify that the person listed in this form and residing at this address requires the life support equipment indicated above.

Signature/stamp of Medical Practitioner \_\_\_\_\_ Date: \_\_\_\_\_

Return the completed form to: [lifesupport@energytrade.com.au](mailto:lifesupport@energytrade.com.au)  
or Energy Trade, PO Box 51, Chatswood NSW 2057

For more information about life support visit [energytrade.com.au/life-support](http://energytrade.com.au/life-support)