



POLIO AUSTRALIA INCORPORATED

Representing polio survivors throughout Australia

Australian Polio Register

Polio Australia encourages every polio survivor living in Australia (whether you contracted polio in Australia or overseas) to join the Australian Polio Register. Our strength lies in our numbers—please help us to get you the services you need by completing this form and forwarding it to:

Polio Australia, PO Box 500, Kew East, Vic, 3102 or scan and Email: register@polioaustralia.org.au

This form can also be filled out on line at: www.polioaustralia.org.au

Note: Due to privacy legislation, Polio Australia is unable to obtain this information from hospital records or any other register you may have completed in the past.

Given Names _____ Family Name _____

Maiden Name (if applicable) _____ Male Female

Year you were born: _____ Year that you contracted Polio: _____

Age when you contracted Polio: Years _____ Months _____

Place where you contacted Polio: Suburb/Town _____

State/Country _____

Were you hospitalised when you contracted Polio? Yes No Don't Know

If "Yes", which Hospital/s (if known) _____

In which state/ territory are you currently living?

ACT NSW N.T. QLD S.A. TAS VIC W.A.

Are you a member of your State Polio Network? Yes No Other State

If you belong to other State Network/s, which one/s? _____

If you are not a member of your State Polio Network, and would like to be put in touch with your State organisation, please provide your postal address and telephone number to receive further information:

How did you find out about the Australian Polio Register?:

Polio Australia Website Another polio survivor Family member / Friend

Polio Australia Publication: (Details) _____

Polio Australia Publicity: (Details) _____

Information from a State Polio Network: (Which one?) _____

Newspaper / Magazine Article: (Details) _____

Radio or TV item or interview: (Details) _____

Facebook Twitter Other: (Details) _____

Please publish my name and polio details on the Polio Australia site: Yes No*

**If you tick "No" your data will be collected but not published except in anonymous aggregate form.*

Email Address (not published) _____

Signature _____ Date ____ / ____ / ____