

Medical Condition Information Form



Date: _____ Name of Account Holder: _____

Hydro One Account Number:

Hydro One Networks Inc. ("Hydro One") maintains a list of "critical" accounts for locations having a person(s) with a life-threatening medical condition and who depends on electrically-powered medical equipment lives. In order to be included as part of this "critical" list you are required to complete and return this form and provide a Doctor's Certificate. The physician issuing the Doctor's Certificate must confirm that someone at the premises has a life-threatening medical condition and depends on electrically-powered medical equipment. Customers will not be included on Hydro One's "critical" accounts list without having delivered to Hydro One a Doctor's Certificate confirming the requirement. If the person(s) with a life-threatening medical condition is/are not the account holder, please also complete and return the Medical Condition – Consent Form.

Does any person in your home, including you, have a life-threatening medical condition that would be affected by a power outage? Yes No

If yes, please state the name(s): _____

How would the person(s) you specified be affected by a power outage?

Please check the appropriate box below:

- Dependent on electrically-powered ventilator [including CPAP equipment]
- Dependent on electrically-operated home dialysis treatment
- Dependent on electrically-regulated feeding tube
- Dependent on electrically-operated lifting device that must be controlled by a caregiver
- Dependent on electrically-operated intravenous/medication pumps
- Dependent on an oxygen concentrator
- Other (reviewed on individual basis): _____

Phone Number: _____ (this is the number we will use to call you in the event of a power outage)

Please check one:

- Account Holder Confirmation: I am the Account Holder and I hereby confirm that I am the only person in my home who has a life-threatening medical condition that would be affected by a power outage.
- Account Holder Confirmation: I am the Account Holder and I hereby confirm that I am not the person or I am not the only person in my home who has a life-threatening medical condition that would be affected by a power outage. Attached please find an executed consent from that/those person(s) or their authorized representatives consenting to Hydro One's collection of information from me about that/those person(s) as described above for purposes of contacting me or attempting to contact me in the event of a power outage.

Signature of Account Holder: _____ Date: _____

Please note: Customers are responsible for ensuring that the information provided to Hydro One is accurate and up-to-date. This information is being collected for the purpose of identifying customer locations where a person(s) is using critical life support equipment. All information will be assigned the appropriate confidentiality level. An annual audit may be performed to ensure our records are complete and up-to-date. If you no longer require notification in the event of a power outage, please call our Customer Communications Centre.