

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 that 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 that 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.