Isle of Man Government
Reiltys Ellan Vannin

Department of Health and Social Care

Rheynn Slaynt as Kiarail y Theay

National Health Service (Isle of Man) Charges Regulations 1979

APPLICATION FOR EXEMPTION

from charges in respect of forms prescribing drugs or medicines issued under and in accordance with the arrangements relating to General Medical Services, etc., for which Regulation 3 of the above-mentioned Regulations provides.

Please complete this form in BLOCK CAPITALS, sign and date it, and return it to:

Family Practitioner Services
Health Services Division
Crookall House
Demesne Road
Douglas, IM1 3QA

Please indicate as appropriate:

☐ I am in constant need of medical attention and have been so for the whole of the last six months; I have been a resident of the Isle of Man for at least six months; I declare that I am not in substantial employment, nor am I self-employed.

☐ I am suffering from one or more of the conditions detailed overleaf.

I understand that to claim exemption from prescription charges on the above grounds, I must be in receipt of an exemption card (medical exemption certificate) every time that I have a prescription form dispensed.

FULL NAME ..... (Mr / Mrs / Miss)

ADDRESS.....

.....

DATE OF BIRTH.....

SIGNED..... DATE.....

YOUR DOCTORS NAME.....

Tick as appropriate:

I suffer from:-

☐ (i) Permanent Fistula (including Caecostomy, Colostomy, Laryngostomy or Ileostomy), requiring continuous surgical dressing or an appliance.
(A)

(ii) The following disorders for which specific substitution therapy is essential:

☐ Diabetes Mellitis (except where treatment is by diet alone)
(B)

☐ Myxoedema

☐ Epilepsy requiring continuous anti-convulsive therapy
(B)

☐ Forms of Hypoadrenalism (including Addison's Disease) for which specific substitution therapy is essential
(C)

☐ Diabetes Insipidus and other forms of Hypopituitarism
(C)

☐ Hypoparathyroidism
(C)

☐ Myasthenia Gravis
(D)

☐ A permanent physical disability which prevents me from leaving my home without the help of another person
(D)