



# AgrAbility Australia Inquiry Form

<p><b>Attention:</b>          AgHealth          PO Box 256          Moree NSW 2400          Phone: 02 6752 8210          Fax: 02 6752 6639          Email: aghealth@health.usyd.edu.au</p>	<p><b>From:</b> _____          _____          _____          _____</p> <p>Age: _____          Phone: _____          Fax: _____          Email: _____</p>
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## Nature of the Inquiry.

- |   |   |
|---|---|
| <input type="checkbox"/> Machinery Modification | <input type="checkbox"/> AgrAbility application forms |
| <input type="checkbox"/> Assistive Technology   | <input type="checkbox"/> New Member inquiry           |

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## Additional Information.

To assist us in supplying you with relevant information, the following details will help.

TYPE	MAKE / MODEL	YEAR
<i>Example Only</i> 4 wheel motorbike (ATV)	Honda	2002

## Site and Nature of the Disability.

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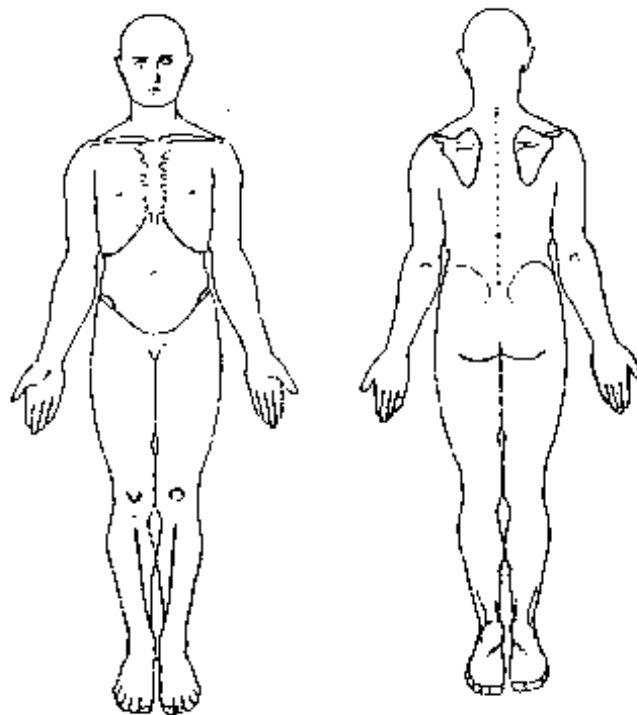
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Please circle the area of the body, which is limited.

*For example: Below elbow amputation – show on the diagram below which side and at what level the amputation is.*

I am:       Right Hand Dominant       Left Hand Dominant



## Range of movement, either standing or sitting.

Please indicate the Range of movement on the diagram below.

*For example – when standing I may not be able to turn more than 90° left.*

