

Carbery Sailing

Medical Form

IMPORTANT INFORMATION

This form **MUST** be returned 10 weeks before your course start date.

Full Name:

Course name(s) & dates:

If you have previously filled out a Carbery Sailing Medical form in the past 12 months and your medical conditions have not changed, please tick this box and you do not need to complete this form.

Whilst at the Carbery Sailing you will be taking part in adventurous activities which involve some personal risk. It is a legal requirement that before starting any activity, you fully complete the following medical declaration. This information will help keep you safe and structure an effective training programme for you. Failure to declare full information will result in the termination of your course without refund.

OFFICE USE ONLY	
Medical Form Checked?	<input type="checkbox"/>
Any follow up required?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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PART A: YOUR PERSONAL DETAILS

Age: Date of Birth:

Height: Weight:

Place of Birth:

Nationality:

Passport Number:

National Insurance No:

Marital Status:

Permanent Address:

Current Address (if different from permanent):

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Home Tel:

Home Tel:

Mob Tel:

Mob Tel:

Would you describe yourself as:

VERY FIT FIT UNFIT VERY UNFIT

Can you swim 50m in light clothing?

YES NO

Would you describe yourself as:

CAN SWIM LIKE A FISH WATER CONFIDENT POOR SWIMMER

Are you a:

SMOKER NON – SMOKER

PART B: YOUR NEXT OF KIN

Please give contact details of two people we can contact in an emergency.

Name:	Name:
Address:	Address:
Tel:	Tel:
Relationship to you:	Relationship to you:

PART C: YOUR DOCTOR

Name:	Name of Surgery:
Address:	
Tel:	

PART D: YOUR CURRENT HEALTH

1. Has your Doctor prescribed any medication in the last 3 months?

YES NO

If yes, please give details:

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2. Are you currently receiving treatment or taking medication for any of the following:

Depression or any other mental / nervous problem? YES NO

Heart Condition? YES NO

Diabetes? YES NO

Epilepsy? YES NO

3. Do you suffer from any deficiency or impairment in your vision? YES NO

4. Do you suffer from any defect in your colour vision? YES NO

5. Do you suffer from any impairment with your hearing? YES NO

6. Do you have any restriction of movement in your joints or limbs? YES NO

Do you have any other restrictions in your movement?
(neck or back for example) YES NO

Do you suffer from any weakness or reoccurring injury
in your joints, limbs, back or neck? YES NO

7. Do you suffer from any allergies? YES NO

IF YOU HAVE A FOOD ALLERGY, PLEASE INFORM STAFF ON ARRIVAL

8. Do you suffer from asthma? YES NO

9. Are you Dyslexic? YES NO

10. Do you have any other illness, disability or medical condition not included above? YES NO

If you have answered yes to any of questions 1 – 10 in Part D, please give details below:

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PART E: YOUR MEDICAL HISTORY

Have you ever suffered from or received treatment for any of the following:

- | | | |
|--|------------------------------|-----------------------------|
| Depression or other mental illness? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Heart condition? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Stroke or unexplained loss of consciousness? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Severe head injury with continuing after effects?
(or major brain surgery?) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Parkinson's Disease or Multiple Sclerosis? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Alcohol or drug addiction? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

You should include below any other medical facts that could effect your training or safety during your time at Carbery Sailing – i.e Dietary requirements, etc...

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Are there any medical facts that you feel unable to include on this form but would prefer to discuss with a member of senior staff in confidence?

YES NO

PART F: DECLARATION

I declare that the information given above is accurate and true and that I have not knowingly withheld any information.

I understand that to knowingly withholding information could result in the termination of my training at Carbery Sailing without refund.

SIGNED:

PRINT NAME:

DATE:

IF AGED UNDER 18 YOU WILL NEED A PARENT OR GUARDIAN TO COMPLETE AND SIGN THIS SECTION:

I declare that the information given above is accurate and true and that information has not knowingly be withheld.

I understand that to knowingly withhold information could result in the termination of my child's training at Carbery Sailing without a refund being issued.

SIGNED:

PRINT NAME:

DATE: