



## MEDICAL DECLARATION FORM FOR PARTICIPANTS – 2017-2018

This form is to be completed by participants aged 18 or over, or by a parent/guardian of those under 18. *It is **important** that you tick **yes** or **no** to **each** question as applicable.*

**Please complete the form and hand to your Course Organiser at least 3 weeks before the course commences. You must then inform us if anything changes before your visit.**

**It is the responsibility of each course participant to ensure they are sufficiently fit for the course.**

*If you have any concerns, please seek advice from your doctor.*

**If you tick YES to any of the following questions please provide details in Section B**

*If you suffer from any illness/condition that is likely to cause a safety concern during any outdoor activities we would wish to discuss this with you before your visit.  
(Please contact us at the centre: t.015394 41364 e coniston@bham.ac.uk)*

**YES**

**NO**

**A**

<b>Do you suffer from ANY pre existing condition either treated or untreated?</b>		①	
<b>Are you suffering from, or are a carrier of, any infectious disease?</b>		①	
<b>Are you taking any medication?</b> <i>If so, please give details of <b>medication</b> and <b>dosage</b> and make sure you bring enough.</i>		①	
<b>HAVE YOU EVER HAD:-</b>		①	
• <b>heart trouble, raised or low blood pressure?</b>		①	
• <b>asthma, bronchitis, tuberculosis?</b>		①	
• <b>diabetes?</b>		①	
• <b>epilepsy, fainting attacks, migraine, severe head injury?</b>		①	
• <b>nervous illness?</b>		①	
• <b>hay fever and or any allergies</b> e.g. medicine, insect bites?		①	
• <b>a history of fractures or tendon/ligament damage,</b> e.g. back, neck, arms, ankles or knees?		①	
<b>Are you able to swim 50 meters?</b>			
<b>Are you confident about being in water wearing a buoyancy aid?</b>			
<b>Do you have any special dietary requirements?</b> (not applicable to self-catered courses) e.g. Halal, vegetarian, gluten-free, no pork or beef, diabetic, allergic to nuts/dairy etc.		①	

**NB** The declaration of any prior illness/injury will not exclude you from participation, but will allow us to provide an appropriate level of activity and care as necessary on the course

**If you have answered YES<sup>①</sup> to any of the above or have any other relevant medical information we should be aware of; please give details here:**

**B**

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*Continue on reverse if necessary*

*The information provided on this form will be treated as **CONFIDENTIAL** and is only required in order to enable the staff at **The Raymond Priestley Centre** to give the appropriate medical help and support if required.*

**C**

<b>Participants name</b> First Surname	<b>Sex</b> M or F	<b>Date of Birth</b> D M Y	<b>Course/Group/Degree</b> RPC Course start date / / 20
<b>Signature</b> (of parent/guardian if under 18)  Date / / 20			<b>Relationship to participant if under 18</b>
<b>Name and tel no of emergency contact during your stay:</b> Name Emergency contact No			