



HEALTH DECLARATION FORM

PLEASE USE BLOCK CAPITALS

We want to ensure that we are all kept fully informed of any potential health problems.
We respect the confidentiality of all participants.

Walk : _____ Date: _____

Full Name: _____ Age: ____ Sex: _____

Email: _____ Tel: _____

Emergency Contact: _____ Tele: _____

GP's Name: _____ GP's Tel: _____

Please answer the following Medical Questionnaire		
Are you, or have you ever been on long-term medication? This includes drugs taken for physical illness or psychiatric conditions.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, what medication and dosage is, or was, involved?		
Are you still on this medication?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been in hospital or had any long-term medical problem?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, please give dates and details (continue on separate sheet if necessary)		
Have you had any medical problems within the last six months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, please give dates and details (continue on separate sheet if necessary)		



Are you allergic to any drugs or have any other allergies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please list these, if any;		
Have you received a tetanus injection within the last five years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If there other health issues that you consider relevant to the proposed activities, please provide details.		

Medical Declaration

I declare that the information provided above is a full and accurate record of my medical history and current medical state. If any medical issues arise before the scheduled walk, I will inform the group leader as soon as possible. I also declare that I know of nothing relating to my health or fitness, which might prohibit me from taking part in the course or might jeopardise myself or other people.

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Signed _____

Date ____/____/____