



## 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** \_\_\_\_/\_\_\_\_/\_\_\_\_