



## Medical declaration Form

Please use block capitals

Course title and date: .....

Name:.....

Age: ..... Sex:.....

Please answer the following medical questions

Do you have any medical conditions which require medical treatment / medication? .....

This includes drugs taken for physical and psychiatric conditions.

If "Yes", what medication and dosage is, or was, involved?

.....  
.....  
.....

Are you still on this medication? .....

Have you recently been in hospital or had any long-term medical problem?.....

If so, please give dates and details (continue on a separate sheet if necessary)

.....  
.....  
.....

Have you had any medical problems in the last six months? .....

.....  
.....

Are you allergic to any drugs or medication? .....

If so please state.

.....  
.....

Is your tetanus treatment up to date? .....

**In case of emergency, please provide the name and contact number of someone we may contact.**

Name:.....

Relationship to you: .....

Telephone number .....

**Medical Declaration – Please read carefully and sign :**

I declare that the information above is a full and accurate record of my medical history and medical state. If any medical issue arises before my course starts I will inform the staff on arrival at the event.

I also declare that I know nothing relating to my health or fitness, which might prohibit me from taking part in the course or might jeopardise myself or other people.

Signed: ..... Date: .....

**Please return at least 30 days prior to the start of the course to:**

Simon Mee  
5 Fox Lane, Bradway, Sheffield  
S174RL  
[www.simon-mee.co.uk](http://www.simon-mee.co.uk)  
0114 2356171  
07786698184 Mobile