Medical & Risk Declaration



Group name,	activities or booki	ng reference			V.					
Full Name					Date attend	ing				
Address					Date of birth	1				
					Age (if unde	er 18)				
					Gender					
Postcode					Mobile num	ber				
Email address					Landline nu	mber				
Emergency contact			Relatio	onship			Telephone			
In the last 5 y	ears have you suf	fered from any in	jury or con	mplaint v	with the follow	ing (circ	e Yes c	r No)		
Legs	Yes / No	Ears / Eyes	Yes / N	No	Diabetes	Yes	/ No	Asthma	Yes	/ No
Arms	Yes / No	Lungs	Yes / N	No	Epilepsy	Yes	/ No	Bee stings	Yes	/ No
Back	Yes / No	Heart	Yes / N	No	Dizziness	Yes	/ No	Allergies	Yes	/ No
If you answer	ed Yes to any of t	he above please	describe th	he issue	(continue on	reverse	of shee	1.77		
Any other spe	ecial needs or med	dical requirement	s (circle Ye	es or No	o, if Yes please	e descril	oe belov	v)	Yes	/ No
	ecial needs or med				<u>, , , , , , , , , , , , , , , , , , , </u>					/ No
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