

ADULT MEDICAL FORM



TO BE COMPLETED BY PERSON ATTENDING COURSE/TOUR.

All information on this form will be held in strictest confidence.

ACTIVITY DATES: from: _____ to: _____

Name: _____ Birth date: / / M F

Medicare No: _____ Ambulance Subscription: yes no

Address: _____

State: _____ Postcode: _____

Telephone No: (h) _____ (w) _____ (m) _____

Email: _____

Emergency contact number: e.g. relative, neighbour) _____

Do you have Asthma of any form? yes no

(If **yes** fill out an asthma management form)

Please specify any current or on going health problems? (Including joint or broken bone problems)

Please tick if you suffer from any of the following:

- | | | |
|---|--|--|
| <input type="checkbox"/> fits of any type | <input type="checkbox"/> heart condition | <input type="checkbox"/> dizzy spells |
| <input type="checkbox"/> migraine | <input type="checkbox"/> black outs | <input type="checkbox"/> travel sickness |

Other: _____

Allergies to:

- | | | | |
|-------------------------------------|--------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> penicillin | <input type="checkbox"/> foods | <input type="checkbox"/> other drugs | <input type="checkbox"/> insect bites |
|-------------------------------------|--------------------------------|--------------------------------------|---------------------------------------|

Details of allergies/dietary considerations: _____

The year of my last tetanus was: _____ / _____ / _____.

I can swim 100 metres: no with a struggle comfortably strongly

Kayaking Ability level (if applicable): Beginner Intermediate Advanced

I DECLARE that the information, which I have provided, on this form is complete and correct. Should I be unable to communicate with others then I give permission to receive such medical or surgical treatment as deemed necessary. I am also aware that some activities on this program are adventurous and fully accept any risks which may be involved.

Signature: _____ Date: / /