



## Medical declaration Form

Please use block capitals

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Please answer the following medical questions

In the last twelve months, have you suffered any injury or illness which has required hospitalisation or which could prevent you taking part in any of the activities?	Do you suffer from any condition that requires medication or medical treatment? (E.g. asthma, hay fever, diabetes etc.) If yes please give details:

Are you allergic to any drugs or medication? \_\_\_\_\_

If so please state. \_\_\_\_\_

**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: \_\_\_\_\_

Simon Mee  
5 Fox Lane, Bradway, Sheffield  
S174RL  
[www.simon-mee.co.uk](http://www.simon-mee.co.uk)  
[rockman.outdoors@virgin.net](mailto:rockman.outdoors@virgin.net)  
07786698184 Mobile