



FOUNDATION

PARTICIPANT MEDICAL FORM

Participant Name:

Address:

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Date of birth:

Telephone Number:

Emergency Contact 1 Name/Tel.No:

Relationship to participant:

Emergency Contact 2 Name/Tel.No:

Relationship to participant:

Medical Information – Pre-Existing Conditions

Does the participant have any pre-existing medical conditions? Yes/No (please circle)

If yes, please provide further details;

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Is the participant affected by any of the following conditions?

Musculoskeletal condition:

Abnormal Blood Pressure:

Cardio-Vascular Condition:

Respiratory Condition:

Joint Surgery:

Neurological Condition:

Epilepsy.

Skin Conditions:

Asthma:

Anaphylaxis:

Diabetes:

If you answered 'yes' to anything overleaf or if you feel there are any other medical conditions we need to be aware of, please give further details below;

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Recent Injuries

Please make us aware of any recent injuries;

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Are there any particular exercises the participant should avoid or any exercise that would be particularly beneficial? Yes/No (please circle)

If yes, please give details;

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Medical Information – Allergies and Medication

Does the participant suffer from any allergies? Yes/No (please circle)

If yes, please give details;

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Is the participant taking any medication? Yes/No (please circle)

If yes, please list here;

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Is there any other relevant information that may affect any treatment in an emergency?

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Doctor's Name

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Doctor's Telephone Number

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Declaration – All the information I have provided is correct to the best of my knowledge.

Signed: Date:

(to be signed by Parent/Guardian/Carer if participant is under 18)