

Health Declaration Form

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| Surname | Forename(s) | Date of Birth | Gender |
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This form is required if you currently, or have ever, suffered from any of the conditions listed below:

Allergies, asthma, behavioural problems, blackouts, chest conditions, diabetes, ear or sinus problems, epilepsy, fainting, headaches, heart conditions, muscular/skeletal problems, vision problems, any previous major illness, any previous major injury, any condition not listed above.

A separate TG Form 23 is to be completed for each medical condition to be declared.

Condition Declared:

Medication(s)

| Name | Dosage & Frequency | Storage Requirements |
|-------------|-------------------------------|-----------------------------|
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How are you affected by the condition during normal routine activities:

How are you affected by the condition during strenuous activities:

Have you sought advice from a healthcare professional about your condition in relation to this activity?

If Yes, give details of advice given:

Additional information / comments regarding the management of your condition:

Declaration

I fully understand that the activities may be strenuous and conducted in environmental conditions such as dust, fumes, extremes of temperature and altitudes that may aggravate my condition. I confirm that I have consulted a healthcare professional if there is any doubt regarding my suitability of the activity or my fitness / ability to take part in the activity.

Should there be any change in my condition after signing this declaration, I will inform the office in charge of the activity prior to travelling to the activity.

If travelling overseas: I understand that I must give full details of any conditions for which I have been treated in the preceding twelve months of any overseas activities.

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| Cadet below the age of 16: Name in BLOCK Letters (parent / guardian): _____ Signature: _____ Date: <u> </u> / <u> </u> / <u> </u> | Cadet age 16 or above (at date of signature): Name in BLOCK Letters (cadet if aged 16 when signing): _____ Signature: _____ Date: <u> </u> / <u> </u> / <u> </u> |
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