



## MEDICAL HISTORY FORM

NAME \_\_\_\_\_

COURSE \_\_\_\_\_

Date \_\_\_\_\_

Is there any medical history/disability of which Second Star Sailing Staff should be aware, are you currently undergoing any medical treatment, or require life sustaining medication? If none, please write NONE

Illness or medical conditions need not necessarily prevent you from taking part in our activities, but the Principal or Skipper/Instructor must be aware of any relevant condition.

If you are in ANY doubt about your fitness to take part in our activities, your MD should be consulted prior to course commencement.

Medical History may include, but is not limited to:

Details if YES, otherwise write NO

Allergies	
Asthma	
Diabetes	
Epilepsy	
Hearing difficulties	
Heart conditions	
Mobility	
Other	

Dietary requirements (Allergies / vegetarian / kosher etc)

I declare that to the best of my knowledge I am not suffering from any condition other than detailed above, and I consider myself fit to participate in this course.

My next of kin form and details have been submitted and next of kin is aware of any medical condition listed above.

Signed \_\_\_\_\_

Date \_\_\_\_\_