



### MEDICAL HISTORY FORM 2018

Sailing is both physically & mentally demanding. In order to ensure your training experience reaches its full potential, and for your safety, we ask you to complete the following declaration.

LAST Name \_\_\_\_\_ FIRST 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 and your Instructor/Skipper must be aware of any relevant condition. Failure to disclose information which subsequently is found to have a bearing on your participation, could result in eventual exclusion from the course.

If you are in ANY doubt about your fitness to take part in our activities, your MD should be consulted prior to course commencement. If you have medication which you are required to take daily, or for allergic reactions (ie. Epi-pens etc) please bring an extra dosage to be given to your skipper for safekeeping

Medical History may include, but is *not limited* to:

	Specifics	Details if YES, otherwise write NO
Allergies		
Asthma		
Color Blind /Vision		
Diabetes		
Epilepsy		
Hearing difficulties		
Heart conditions		
Mobility		
Other		

Dietary requirements (Allergies / vegetarian / kosher etc)

We recommend that you have all your vaccinations up to date - including tetanus, if possible.

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 emergency contact form & details have been submitted and they are aware of any medical condition listed above.

Signed \_\_\_\_\_ Date \_\_\_\_\_