

Medical Information



Please answer **all** questions. **If you answer "Yes" to any question please give details.**

Have you ever had:

Asthma, Bronchitis, Tuberculosis? Yes / No
Details:

Hay Fever, allergy (e.g., to medicine, insect bites, food)? Yes / No
Details:

Diabetes? Yes / No
Details:

Epilepsy, fainting, migraine, head injury? Yes / No
Details:

Mental illness? Yes / No
Details:

Heart trouble, blood pressure problems? Yes / No
Details:

History of fractures, muscle/tendon damage? Yes / No
e.g., back, neck, knees, etc.?
Details:

Are you suffering from, or a carrier of, any infectious disease? Yes / No
Details:

Have you any special dietary requirements? Yes / No
Details:

Are you taking any medication? Yes / No
Details:

Could the medication you take affect your ability to participate in volunteering tasks? Yes / No
Details:

Do you require assistance in dealing with **any** medical condition we should know about? Yes / No
Details:

If your circumstances or health changes, please inform us. We recommend that you check your tetanus vaccination is up-to-date.

The information given on this form will be treated confidentially and stored securely.

It is the nature of boating activities that there is a certain degree of risk. By signing below I agree to accept this risk. I will obey all safety instructions delivered by Re-Union staff and operate within the Re-Union Health & Safety Policy.

I declare that the information on this form is accurate and I have not withheld any relevant information.

I agree to my medical information being shared with the skipper of the Re-Union boat, in order to ensure my health and safety when participating in volunteering activities onboard.

Name:

Signed:

Date: