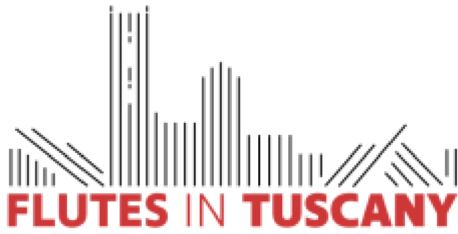

MEDICAL FORM – CONFIDENTIAL

This form must be returned with your enrolment form and deposit

<table>
<tr><th colspan="6">APPLICANT INFORMATION (Please complete in block capitals)</th></tr>
<tr><td>First Name</td><td colspan="2"></td><td>Surname</td><td colspan="2"></td></tr>
<tr><td>Address</td><td colspan="5"></td></tr>
<tr><td colspan="6"></td></tr>
<tr><td>Telephone (H)</td><td colspan="2"></td><td>Mobile</td><td colspan="2"></td></tr>
<tr><td>Email</td><td colspan="5"></td></tr>
<tr><td>Date of birth</td><td></td><td>Age</td><td></td><td>Male/Female</td><td></td></tr>
<tr><td>Nationality</td><td colspan="2"></td><td>First language</td><td colspan="2"></td></tr>
<tr><td colspan="2">Parent/ Guardian name if under 18</td><td colspan="4"></td></tr>
<tr><td colspan="2">Name and Address of Family Doctor</td><td colspan="4"></td></tr>
<tr><td colspan="2">Do your have private medical insurance cover?</td><td colspan="4">YES/NO (delete as applicable)</td></tr>
<tr><td colspan="2">If yes name, address and policy number</td><td colspan="4"></td></tr>
</table>

Return completed form to **Elizabeth Walker**
Stream Farm, High Street, North Wootton, SOMERSET, BA4 4AA
Email: liz@lizwalker.co.uk | Website: flutesintuscany.co.uk

MEDICAL HISTORY	
Does you suffer from (circle as appropriate)	Asthma Eczema Epilepsy Diabetes
If yes please give brief details	
Do you have any allergies to food, medication, stings? Please give details	
Are you on any special diet? If yes, please give details	

MEDICAL HISTORY			
Have you had any operations or severe illnesses?			
Childhood Diseases. Please tick and date if you have had these illnesses	Chicken Pox	☐	Date:
	Mumps	☐	Date:
	Diptheria	☐	Date:
	Measles	☐	Date:
	Rheumatism	☐	Date:
	Rubella	☐	Date:
	Scarlet Fever	☐	Date:
	Whopping Cough	☐	Date:
Special Needs/Disabilities Please provide details of any special needs or disabilities. PLEASE NOTE the VENUE IS NOT SUITABLE FOR WHEELCHAIR ACCESS			
Epi-Pens If you carry an epi-pen, please bring two spare epi-pens.			

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