



MEDICAL FORM 2022 – CONFIDENTIAL

This form must be returned with your enrolment form and deposit

APPLICANT INFORMATION (Please complete in block capitals)					
First Name			Surname		
Address					
Telephone (H)			Mobile		
Email					
Date of birth		Age		Male/Female	
Nationality			First language		
Name and Address of Family Doctor					
Do you have private medical insurance cover?			YES/NO (delete as applicable)		
If yes name, address and policy number					

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?	
<p>Special Needs/Disabilities</p> <p>Please provide details of any special needs or disabilities.</p> <p>PLEASE NOTE the VENUE IS NOT SUITABLE FOR WHEELCHAIR ACCESS or any mobility difficulties, due to the STEEP TERRAIN.</p>	
Epi-Pens If you carry an epi-pen, please bring two epi-pens.	
Please confirm you have been vaccinated against Covid-19	