



## MEDICAL FORM 2024 – CONFIDENTIAL

This form must be returned with your enrolment form and deposit

APPLICANT INFORMATION (Please complete in block capitals)	
First Name	
Address	
Telephone	
Date of birth	
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    NONE
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><b>Special Needs/Disabilities</b></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>	
<p><b>Epi-Pens</b> If you carry an epi-pen, please bring two epi-pens.</p>	