



CONFIDENTIAL

Medical Information

Name: _____ Date of Birth: _____

Address: _____ Suburb: _____ P/C: _____

Home Ph: _____ Work Ph: _____ Mobile Ph: _____

Email: _____

Emergency Contact Person: _____ Relationship: _____

Home Ph: _____ Work Ph: _____ Mobile Ph: _____

Personal Doctor's Name: _____ Phone: _____

Date of Last Tetanus Injection: _____ If unknown, please estimate.

Are You Currently Taking Any Medication? Yes No

Type of Condition: _____ Dosage: _____

Within the Last 10 years, have you suffered from or currently suffering from any of the following disorders listed below?

Yes	No	Disorder	Yes	No	Disorder
		Rheumatic Fever			Bladder or Kidney disease
		Inflamed or painful joints			Diabetes
		Heart disease or other heart problems			Severe weight loss
		High blood pressure			Hernias or ruptures
		Abnormal shortness of breath			Any form of skin disease
		Bronchitis or Pneumonia			Any reactions to medications or drugs
		Pleurisy or severe chest pains			Other allergies
		Asthma			Unconsciousness
		Hay fever			Head injuries or concussion
		Sinusitis			Any major back injury
		Ear infections/ problems/ operations			Any major joint injury
		Eyesight or vision problems/ glasses			Any fractures
		Epilepsy/ fainting/ fits/ blackouts			Any paralysis or muscular weakness
		Migraines or severe headaches			Motion sickness
		Frequent nightmares/ sleepwalking			Do you smoke?.....Cigarettes / day
		Severe depression			Any operations
		Any mental illness			Claustrophobia

If you have answered yes to any of the above disorders, please provide details: _____

Are there any other illnesses or medical conditions which are not mentioned in the above list? If yes, please provide details: _____

Member's Signature: _____ Date: _____

THIS EVENT IS SUITED FOR ALL LEVELS OF FITNESS AND SKILL