

CADET AND STAFF ACTIVITIES CERTIFICATE OF HEALTH/DECLARATION OF FITNESS

Surname:	Forename(s):	D of B:
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Do you or have you ever suffered from any of the following? If yes tick the box and complete the questionnaire – CC FORM 4 for each condition, attach separate information if appropriate.

Heart conditions	Asthma	Other chest conditions	
Fainting	Blackouts	Headaches	
Diabetes	Epilepsy	Ear or Sinus problems	
Muscular/skeletal problems	Problems with vision	Behavioural problems	
Any previous major injury	Any previous major illness	Any other condition/disability	

Please also complete the boxes below as fully as possible, attach a separate sheet if needed
write NONE in the box if appropriate

List any medication being taken (other than the medication detailed on the questionnaire – CC FORM 4)	
List any known allergies	
Give details of any ongoing regular care required	
Give details of any special dietary needs	
Give details of any special religious needs	
Give details of any past condition/injury for which medication is not taken but which might be affected by the activity.	
NHS Number: Name of Doctor: Address: Postcode: Tel No	Declaration I understand that I should arrive at the activity sufficiently prepared and physically fit to take a full part in the activity. I have declared all medical matters that may affect my participation. I will inform the officer in charge of any additional medical matter that may occur after signing this form.

Signature of participant:	Date:
Signed:	(Person having parental responsibility for a cadet under 16 years of age)