

MARWELL ACTIVITY CENTRE ADULT MEDICAL FORM (18 +)

Please duplicate for all participants

Name	D.O.B.	Telephone Number
Address	E-mail Address	Dietary Requirements
Emergency Contact Name and Relationship to participant	Address	Telephone Number

Medical Information.

Please complete the Medical Information Form. This information will be kept confidential between you, Marwell Activity Centre and its sub-contractors. Failure to disclose information truthfully will waive all claims against Marwell Activity Centre.

Have you ever had any of the following? Please indicate those which apply, and give details below.

Asthma / Respiratory Concerns	Yes/No	Diabetes	Yes/No
Heart Problems	Yes/No	Seizures	Yes/No
Hypertension	Yes/No	Orthopaedic Concerns	Yes/No
Have you ever experienced Agoraphobia, Claustrophobia or Vertigo			Yes/No

Please explain items indicated above:

Do you have any drug allergies?	Yes/No
Are you allergic to insect bites/stings?	Yes/No
Are you currently taking any medication?	Yes/No
Name of medication and purpose:	
Are or could you be pregnant?	Yes/No
Any complications:	
Do you have any physical difficulties we need no be made aware of?	Yes/No
Please explain:	
Do you take regular physical exercise?	Yes/No
Are you the correct weight for your age and height? (Estimation)	Yes/No
Are you aware of any other physical, emotional or medical conditions that may effect your participation?	Yes/No
Please explain:	
Do you give consent to receive emergency treatment if necessary?	Yes/No
Have you been sentenced to imprisonment, custody, preventative detention or corrective training for a term of three months or more?	Yes/No

NO ALCHOHOL MUST BE CONSUMED 6 HRS PRIOR TO YOUR EVENT

Signed:

Date: