

HEALTH DECLARATION FORM
OFFICIAL (SENSITIVE) – PERSONAL DATA

First Name		Surname		DOB		Gender	
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If you currently suffer, or have ever suffered, from any medical, mental or learning condition you are required to complete this form. This includes, but isn't limited to, Allergies, asthma, blackouts, chest conditions, diabetes, ear or sinus problems, epilepsy, fainting, headaches, heart conditions, muscular/skeletal problems, vision problems, Dyslexia, Dyspraxia, ADD, ADHD).

A separate NESC Form 12 is to be completed for each medical condition to be declared.

Condition Declared: _____

Medication(s)		
Name	Dosage & Frequency	Storage Requirements

How are you affected by the condition during normal routine activities

How are you affected by the condition during strenuous activities

Have you sought advice from a healthcare professional about your condition in relation to this activity? If yes, what advice was given:

Additional information / comments regarding the management of your condition:

Declaration

I fully understand that the activities may be strenuous and conducted in environmental conditions such as dust, fumes, and extremes of temperature and altitudes that may aggravate my condition. I confirm that I have consulted a healthcare professional if there is any doubt regarding my suitability of the activity or my fitness / ability to take part in the activity. Should there be any change in my condition after signing this declaration, I will inform the adult volunteer in charge of the activity prior to travelling to the activity.

Parent/Guardian / Cadet O/18 / Adult Volunteer		Signature		Date	
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