

RESTRICTED – MEDICAL
(when completed)

CADET AND STAFF ACTIVITIES HEALTH QUESTIONNAIRE

This should be completed if any box on CC FORM 3 has been ticked or other conditions eg allergies have been declared

Surname:

Forenames:

D of B:

Condition being declared:

Medication being taken:

Name:

Doseage:

Storage requirements:

Do you carry/need any emergency medication? Yes

If Yes give details:

How are you affected by the condition by normal routine activities:

How are you affected by the condition during strenuous exercise:

Have you sought advice from your doctor/nurse about your condition in relation to the activity Yes/No If
yes give details of comments/advice given below

Any additional information/comments which will help you manage your condition during the activity

I fully understand that the activities may be strenuous and conducted in environmental conditions such as dust, fumes, extremes of temperature and altitudes that may aggravate my condition. I confirm that if I have consulted my doctor if there is any doubt about the suitability of the activity or my fitness and ability to take part in the activity. Should there be any change in my condition after signing this questionnaire I will inform the Officer in Charge of the activity or the OC Sqn/Wing HQs concerned if the change is before travelling to the activity.

Signature of participant:

Date:

Signed:

(Person having parental responsibility for a cadet under 16 years of age)

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