Medical Form

It is for your safety that we find out about your medical history to ensure that you can cope with the demands of the trip without risk to your health. Your answers are treated in the strictest confidence. It is a condition of your registration that you give full and accurate details. If any details change you must update us and your travel insurance company. If you tick yes to any of the conditions listed below or have any medical concerns that are not shown below, you are required to provide a doctor's signature to confirm your medical conditions are as stated. **Please provide full and accurate details:**

Full Name:	
Blood Group: (if known)	
Date of Birth:	
Trip name: Five Day Ridgeway	**Trip Dates**: 26 - 30th June 2024
Next of kin Name:	**Relationship to you:**
Next of Kin Contact Telephone number (s):	

Do you suffer from (now or in the past) any of the following? (if necessary, continue on a separate sheet)	**Please provide FULL details including medication used, severity etc.** (continue on a separate sheet if needed)
1) Raised ☐ or low ☐ blood pressure? Yes ☐ No☐	
2) Heart or circulatory disease? Yes ☐ No☐	
3) Epilepsy/ seizures / convulsions? Yes ☐ No☐	
4) Psychiatric disorder(s) / depression? Yes ☐ No☐	
5) Vertigo / balance disorders? Yes ☐ No☐	
6) Fainting or blackouts? Yes ☐ No☐	
7) Diabetes? Type 1☐ or 2☐? Yes ☐ No☐	
8) Cerebral disease? (e.g. stroke/head injury) Yes ☐ No☐	
9) Haematological or blood disorders? Yes ☐ No☐	
10) Asthma☐ / lung conditions☐? Yes ☐ No☐	
11) Digestive or bowel disorders? Yes ☐ No☐	
12) Joint or back injuries☐/problems☐? Yes ☐ No☐	
13) Carrier of infectious diseases? Yes ☐ No☐	
14) Registered disabled? Yes ☐ No☐	
15) Fractures☐, tendon/ligament/cartilage damage☐? Yes☐ No☐	
16) Physical disability or other disabilities? Yes ☐ No☐	
17) Are you pregnant now? Yes ☐ No☐	
18) Migraine? Yes ☐ No☐	
19) Allergies (e.g. hayfever☐, food☐, drugs☐ etc.)? Yes ☐ No☐	
20) Hospitalised /surgery in last 2 years? Yes ☐ No☐	
21) Obesity (BMI of 30 or above)? Yes ☐ No☐	
22) Awaiting surgery/tests/investigations? Yes ☐ No☐	
23) Any illness or condition not mentioned? Yes ☐ No☐	
24) Do you take any medication? Yes ☐ No☐	

Agreement (please read carefully before signing)

I confirm that all the information provided on this medical form is to the best of my knowledge, true and correct. My medical declaration is a true and accurate description of my medical history and current condition. I understand that I may be requested to obtain medical recommendation from my GP to take part in this challenge.

I understand that by giving false information I endanger both my own safety and that of others on the trip. I take responsibility for ensuring I have sufficient supplies of medication needed for my current medical condition and for any condition which I have had previously which may reasonably be expected to re-occur. I also understand that failure to disclose a pre-existing medical condition could invalidate any travel insurance I have and endanger myself and other team members, and that I am responsible for declaring any pre-existing medical conditions directly to my insurance company prior to departure.

I agree to permit first aid trained personnel the opportunity to tend to an illness, injury or any other medical condition as far as their training permits until specialist care can be sought, if required. I agree to accept responsibility for any and all costs associated with any illness, injury or other medical condition that may happen to me during this trip.
Where medical conditions are declared I agree to sign a separate disclaimer in respect of these conditions if required. I understand that this event requires a reasonable level of fitness and is physically testing and that if I am deemed to be unfit for the challenge I may be asked to leave the group.

I acknowledge that any dietary requirements, including food allergies, will be catered for to the best our ability however we cannot guarantee that food preparation will have taken place in a contamination free environment.

In the unlikely event of an accident, loss or damage to my personal effects, illness, injury or other untoward occurrence arising from any medical condition, I acknowledge that The Hospice of St Francis and Paul Stevens Personal Training cannot accept any liability or expenses (other than to the extent that death or personal injury arises as a result of its negligence) and I waive all claims against The Hospice of St Francis and Paul Stevens Personal Training in this respect.

I confirm that I will verify with my current / future insurance company that my policy (will) cover(s) everything involved in the challenge. I understand that The Hospice of St Francis and Paul Steven Personal Training cannot be held responsible for any loss arising from my failure to ensure I have adequate insurance cover for all activities involved

Signed
Print Name
Date