

|   |       |             |     |
|---|-------|-------------|-----|
| <b>Attendees Name:</b>                          |       |             |     |
| <b>Course attending:</b>                        |       |             |     |
| Attendees Dates:                                | From: |             | To: |
| Name of Emergency Contact <b>NOT</b> on course: |       | Contact No. |     |

| <b>Have you ever had any of the following:</b>                             | <b>Please circle / delete</b> |
|--|-------------------------------|
| Asthma or bronchitis:  | Yes / No                      |
| Heart condition:   | Yes / No                      |
| Fits, fainting, dizzy spells, blackouts:                                   | Yes / No                      |
| Severe headaches:  | Yes / No                      |
| Diabetes:  | Yes / No                      |
| Epilepsy:  | Yes / No                      |
| Allergies to any known drug:   | Yes / No                      |
| Any other allergies: (material, food etc.)                                 | Yes / No                      |
| Back / Neck injury or condition:   | Yes / No                      |
| Have you been given any specific medical advice to follow in an emergency? | Yes / No                      |
| Are you receiving medical or surgical treatment at this time               | Yes / No                      |
| Do you have any other illness or disability we should know about?:         | Yes / No                      |

If your answer to any of these questions is **YES** or you feel there is anything in your medical history that we should know about, then please give us the details below including any dosage of medicine or tablets, below:

Comments:

- If the answer to any of the medical questions is YES, it will not necessarily affect your ability to participate. This information is required only to inform your instructor of any managed medical problem that you may have.
- The information contained on this sheet will be treated in the strictest confidence.
- This event is not to be joined by anyone who has consumed alcohol or taken intoxicating drugs

**I declare that I have read and understand the information in this document, and, to the best of my knowledge, I am fit to participate in the event.**

- I understand that failure to disclose any existing medical or physiological condition may preclude any future claim for loss or injury as a result of the event.

|            |  |       |  |
|------------|--|-------|--|
| Signature: |  | Date: |  |
| Name:      |  |       |  |

**C-MASTERS cannot be held responsible for activities / incidents outside our control.**