

# Life Changing Experiences

## Come sail with me...

19 – 22 September 2008



### Medical Form

#### Notes and explanation

*Please read the notes below carefully before you fill in the medical form.*

We want everyone on this event to enjoy the experience as much as possible. With this in mind, you are required to complete and return the attached medical form. Your details will be kept in the strictest confidence and may be forwarded to an approved medical officer.

Based on this advice, Scope reserves the right to refer you to a specialist for further opinion, contact you or your GP and/or reject your application to participate in this Scope event. It is essential you provide accurate, comprehensive and truthful information. You must fully disclose your medical history. Scope and/or the supplier, Spirit Sailing cannot accept any responsibility whatsoever in the event you do not fully disclose all relevant details. Please note, if you develop any new medical conditions, or experience worsening of existing conditions after returning this form, you must inform Scope.

There will be trained medical personnel on hand who will be able to provide treatment for minor injuries, and first aid support in the event of a more serious injury or medical problem. In more serious cases, the medical officer or Scope staff will arrange appropriate transfer to the nearest hospital or medical centre.

**If you will be over 60 years of age by the date of the event, or have a medical condition that could be adversely affected by participating in this event – such as a heart condition, high blood pressure, or epilepsy – your GP must also read the notes and explanation and sign this form confirming you are sufficiently fit and healthy to participate in this challenge.**

#### Medical History

Event Name \_\_\_\_\_

Full Name \_\_\_\_\_

Age Height (in metres) \_\_\_\_\_

Weight (in kg) \_\_\_\_\_

Do you have a history of any of the following conditions? If so, please give details indicating frequency, severity and aggravating factors where necessary, and any treatment you are taking (use extra pages if necessary)

1. Raised blood pressure	Yes/No
2. Heart or circulatory disease	Yes/No
3. Chest or lung disease	Yes/No
4. Asthma (if so please state severity and if ever hospitalised)	Yes/No
5. Hay fever	Yes/No
6. Epilepsy	Yes/No
7. Diabetes	Yes/No
8. Digestive or bowel disorders	Yes/No
9. Past injuries (eg fractures, sprains)	Yes/No
10. Haematological or blood disorders	Yes/No
11. Cerebral disease (eg stroke, head injuries etc)	Yes/No
12. Metabolic or endocrinological disorders	Yes/No
13. Surgical operations	Yes/No
14. History of mental health problems	Yes/No
15. Allergies (dietary, drug, environmental)	Yes/No
16. List any medication you are currently taking:	

I certify that I have read and understand this medical form, and the attached notes and explanation. The information I have given is correct. In the event of illness or an accident on the trip, I hereby give permission for Scope staff or Spirit Sailing medical staff to initiate medical treatment and notify my next of kin in case of hospitalisation:

Signature \_\_\_\_\_

Date \_\_\_\_\_

**IMPORTANT INFORMATION:** If you are aged over 60 by the date of the event, have high blood pressure, a heart condition or epilepsy, your GP must also sign below.

**FOR YOUR GP:** I have read this medical form, including all the notes and explanation. The information given is correct. I confirm the person named overleaf is physically and mentally fit enough to undertake this Scope challenge:

GP Signature Date \_\_\_\_\_

GP Practice Stamp: \_\_\_\_\_

**Please return this completed medical form to:**

**Event Fundraising, Scope, 6 Market Road, London, N7 9PW**

If you have any other medical condition not disclosed above, please give details here: \_\_\_\_\_