

Participant Medical Information Form

*Please read the notes below carefully, **before** you fill in this form*

All potential participants on our challenge events are required to complete one of our medical forms. Dedicated personnel will look at the forms, and may forward details on to our doctor for advice. All information will be treated as **strictly confidential**.

We request medical information from you in an endeavour to minimise risks to all participants, and for that reason ask that you disclose **all** your medical history. Scope and the tour operator cannot accept any responsibility in the event that you do not fully disclose all relevant details. Our policy is to encourage and support as many people as possible to take part in our challenges. We nevertheless reserve the right to reject your application to participate in this event if recommended to do so by our medical advisor.

The event in which you will be participating is challenging and will require a good level of fitness, strength and endurance. You should check with your doctor to ensure that you are sufficiently fit and healthy to participate.

You should take into account that medical and other facilities at the destination are likely to be inferior to those in the UK and that some parts of the route will be away from main cities and hospitals, in remote locations.

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. Should you require more medical attention than can safely be provided on site, the medical officer and staff team will arrange appropriate evacuation and transfer to the nearest, most appropriate, hospital or medical centre.

If you develop any new medical conditions or experience worsening of existing conditions after returning this form, you must inform Scope.

If you, or your GP, have any medical queries you would like to discuss with the tour operator's Medical Advisor, please contact the Scope office and we will be happy to arrange this.

Please complete in BLOCK capitals

PART ONE – to be completed by each participant

Challenge _____	Event date _____
Title (Mr/Mrs/Miss/Ms/Dr) _____	Date of birth _____ Age _____
Surname _____	Forenames _____
Address _____ _____	
Tel (day) _____	Tel (eve) _____
Mobile _____	E-mail _____
Height (in metres) _____	Weight (in kg) _____

Participant name: _____

Do you have a history of any of the following conditions?**1. Raised blood pressure**

Yes / No

If yes, please list the dates and values of your last three blood pressure readings:

Date			
BP (mmHg)			

2. Heart or circulatory failure

Yes / No

Details _____**3. Blood clots, in particular DVT (clot in leg) or PE (clot in lung)**

Yes / No

Details _____**4. Chest or lung disease**

Yes / No

Details _____**5. Asthma**

Yes / No

If yes, have you ever:

Had to be hospitalised

Yes / No

Is yes, when: _____

Had to take steroid tablets

Yes / No

6. Epilepsy

Yes / No

Details _____**7. Diabetes**

Yes / No

If yes, do you have type I or type II diabetes: _____

And please list the dates and values of your last three HbA1c readings:

Date			
HbA1c (%)			

8. Digestive or bowel disorders

Yes / No

Details _____**9. Haematological or blood disorders**

Yes / No

Details _____

Participant name: _____

10. Cerebral disease (e.g. stroke, head injury, tumour) Yes / No

Details _____

11. Past injuries (e.g. fractures, sprains) Yes / No

Details _____

12. Operations Yes / No

Details _____

13. Mental health problems Yes / No

Details (including any admission dates, any sections, and specific diagnosis)

14. Allergies Yes / No

Details _____

15. Heat illness or cold injury Yes / No

Details _____

16. Thyroid disease, or other endocrine disorder Yes / No

If yes, please give the date and values of your last thyroid function tests:

Date	TSH	T4

Please list any medications you are currently taking:

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

Participant name: _____

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

Signed: _____ Date: _____

I hereby give permission for the tour operator's medical advisor to discuss medical conditions relevant to this challenge with either my GP or hospital specialist.

Signed: _____ Date: _____

PART TWO – to be completed by the participant's GP if aged over 60 years OR have answered 'yes' to any question on the medical form.

I have read this medical form, including the attached notes. The information given by the participant is correct, and no significant medical history contained in the patient's medical records has been withheld.

I confirm that, to my knowledge, the participant has no physical or mental health problems that should preclude them from undertaking this challenge.

GP signature: _____ Date: _____

GP Practice Stamp:

Tel no: _____ Fax no: _____

E-mail: _____

Please return this completed medical form to:

Events Fundraising

Scope

6 Market Road

London N7 9PW

Tel: 0207 619 7100

Fax: 0207 619 7380

Time to get equal

scope

About cerebral palsy.
For disabled people achieving equality.

Participant name: _____