RESTRICTED – MEDICAL
(when completed)

CADET AND STAFF ACTIVITIES CERTIFICATE OF HEALTH/DECLARATION OF FITNESS

Surname:	Forename(s):	D of B:

Do you or have you ever suffered from any of the following? If yes tick the box and complete the questionnaire – CC FORM 4 for each condition, attach separate information if appropriate.

Heart conditions	☐	Asthma	☐	Other chest conditions	☐
Fainting	☐	Blackouts	☐	Headaches	☐
Diabetes	☐	Epilepsy	☐	Ear or Sinus problems	☐
Muscular/skeletal problems	☐	Problems with vision	☐	Behavioural problems	☐
Any previous major injury	☐	Any previous major illness	☐	Any other condition/disability	☐

Please also complete the boxes below as fully as possible, attach a separate sheet if needed write NONE in the box if appropriate

List any medication being taken (other than the medication detailed on the questionnaire – CC FORM 4)
List any known allergies
Give details of any ongoing regular care required
Give details of any special dietary needs
Give details of any special religious needs
Give details of any past condition/injury for which medication is not taken but which might be affected by the activity.

NHS Number: Name of Doctor: Address: Postcode: Tel No	Declaration I understand that I should arrive at the activity sufficiently prepared and physically fit to take a full part in the activity. I have declared all medical matters that may affect my participation. I will inform the officer in charge of any additional medical matter that may occur after signing this form.

Signature of participant: Date:

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