CADET AND STAFF ACTIVITIES HEALTH QUESTIONNAIRE

This should be completed if any box on CC FORM 3 has been ticked or other conditions eg allergies have been declared

Surname:	Forenames:	D of B:

Condition being declared:

Medication being taken:	Name:
	Dosage:
	Storage requirements:

Do you carry/need any emergency medication? Yes

If Yes give details:

How are you affected by the condition by normal routine activities:

How are you affected by the condition during strenuous exercise:

Have you sought advice from your doctor/nurse about your condition in relation to the activity Yes/No If yes give details of comments/advice given below

Any additional information/comments which will help you mange your condition during the activity

I fully understand that the activities may be strenuous and conducted in environmental conditions such as dust, fumes, extreme temperatures and altitudes that may aggravate my condition. I confirm that I have consulted my doctor if there is any doubt regarding the suitability of the activity or my fitness/ability to take part in the activity. Should there be any change in my condition after signing this questionnaire I will inform the Officer in Charge of the activity or the OC Sqn/Wing HQs concerned prior to travelling to the activity.

Signature of participant: Date:

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