

GROUP MEDICAL DECLARATION FORM

GROUP NAME :
 GROUP LEADER :

DATE OF VISIT :

Place the name of the person(s) in the appropriate box if they suffer from any of the following conditions:

CONDITION	NAME	COMMENTS
Unable to perform moderate exercise		
Any back, arm or leg problems		
History of back problems or Surgery		
Asthma		
Any types of hernia		
Acute fear of water		
Vertigo or problems with balance		
Impairment of sight, hearing or speech		
Recurring dizziness		
Migraine headaches or taking Medication		
Hay fever or allergies		
Diabetes		
Epilepsy, seizures, convulsions or taking medication		
High blood pressure		
History of heart attacks / angina		
Take any form of medication		
Any other condition which you feel may effect your participation on the programme		

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