



# Online Medical Questionnaire

It is for your own safety that we find out as much as possible about your medical history to ensure that you can cope with the rigours of the challenge. Your answers will be treated in the strictest confidence and will not necessarily adversely affect your chance to take part. Any decisions will be made in consultation with you. The information you supply will only be disclosed to Horatio's Garden. It is one of the conditions of your registration that you give full and accurate details.

Please complete and return this form to Horatio's Garden

## 1. Personal Details

Full Name:	Date of Birth:
Age when on challenge:	
Height:	Weight:
Daytime Tel No. (work/mobile)	

## 2. Medical History

a. Do you suffer, or have you ever suffered from (*please circle*):

Heart trouble and/or blood pressure problems?	YES/NO
Asthma, Bronchitis and/or shortness of breath?	YES/NO
Diabetes?	YES/NO
Epilepsy and/or fainting attacks?	YES/NO
Migraine?	YES/NO
Severe Head Injury?	YES/NO
Cancer?	YES/NO
Back problems?	YES/NO
Allergies?	YES/NO
Fractures, Tendon, Ligament/Cartilage damage?	YES/NO
Physical or other disability?	YES/NO
Psychiatric or mental illness?	YES/NO
Have you been hospitalised within the last 2 years?	YES/NO
Are you suffering from or a carrier of any infectious diseases?	YES/NO
Any other serious illness?	YES/NO

b. If you have answered yes to any questions above, please give further details below or on a separate sheet:

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c. Do you regularly and/or currently use any form of medication? Please give details below:

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## 3. Have you ever suffered from asthma? If so,

a) When was the last time you needed hospital treatment?	
b) When was the last time you needed steroid tablets?	
c) What medication/inhalers do you use?	



4. Dietary requirements – Do you have any special dietary requirements/food allergies?

Vegetarian:	Nut Allergy:	Gluten Free:	Other: (please give details)
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## IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING

- In the event of an accident or illness whilst on the trip, I hereby give permission for Horatio's Garden to initiate medical treatment and to inform my next of kin/emergency contact (as detailed on my application form) if appropriate.
- To the best of my knowledge I confirm that my mental and physical health and fitness is good and that the information I have provided in this questionnaire is a true and accurate description of my medical history and current condition. I understand that by giving false information I endanger both my own safety and that of others on the trip. I agree to take with me sufficient supplies of medication needed for my current medical condition and for any condition which I have had previously which may reasonably be expected to re-occur.
- I agree that Horatio's Garden or medical staff employed by them may approach my GP to verify the information on this form and attain some further details as they think necessary and that my GP may release such information to them.
- I understand that Horatio's Garden cannot accept any liability or expenses resulting from any illness, injury or other untoward occurrence arising from any undisclosed medical condition (other than to the extent that death or personal injury arises as a result of its negligence). I also understand that failure to disclose a pre-existing medical condition could invalidate my travel insurance and that I am responsible for declaring any pre-existing medical conditions directly to the insurance company prior to departure.
- I confirm that I will immediately inform Horatio's Garden any change to the information I have provided on this medical questionnaire.

SIGNED: ..... DATE: .....  
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### RETURNING THIS MEDICAL FORM IS PART OF YOUR REGISTRATION

*The following section needs to be completed if you are over 65, have answered 'YES' to any of the questions or on the medical form, or have a bmi of 35 or more.*

### MEDICAL FOM TO BE COMPLETED BY THE FAMILY DOCTOR/PHYSICIAN WHO AS ACCESS TO THE PATIENT'S MEDICAL HISTORY.

The person named overleaf will be participating in a charity fundraising challenge. Between 2 and 10 hours during the day of the event will be spent in physical activity over rough and mixed terrain. This will be done in usual English weather conditions. There will be a first aider on the ride; this often includes a doctor but is not guaranteed.

With the above information, if there is any matter which you feel that Horatio's Garden should be aware, please supply details on a separate sheet. If you require details please call Horatio's Garden on 07429 140918.

Doctors Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Doctors Name (Block Capitals Please): \_\_\_\_\_  
Address: \_\_\_\_\_

DOCTORS STAMP AND GMC NUMBER HERE: