

CONFIDENTIAL MEDICAL NOTIFICATION FORM

PLEASE READ THE QUESTIONS BELOW AND COMPLETE THE FORM ONLY *IF YOU ANSWER "YES" TO ANY QUESTION*

1 (a) Does the competitor have any specific medical conditions? **Yes/No***

(b) If Yes, please give details:

2 (a) Does the competitor take any medication (including intermittently, e.g. inhaler)? **Yes/No***

(b) If Yes, please give details:

(c) How/where will this be held available should it be required?

3 (a) Does the competitor have any allergies? **Yes/No***

(b) If Yes, please give details:

4 Is there anything else you feel that the organisers and/or safety personnel should know about the competitor? (continue overleaf if necessary)

Signed by competitor:
(if over 18)

Name of Parent/Guardian:
(when competitor is under 18)

Signature of Parent/Guardian:

* *Delete as appropriate*

Attach to Entry Form if used