

Personal Medical Information



Please complete this form and keep it in a waterproof zip-close bag in your tool box.

You are asked to complete this form and place it in a waterproof zip-close bag in your tool box so that the information is available to the Responsible Person and Emergency Services in the event of illness or injury. The completion of this form in no means infers that you will be judged or otherwise to take part in radio or free sailing. This form is for Emergency Services only so please make sure you have up to date details of any conditions and medications you are taking.

Name:

Address:

.....

Tel number:

YOUR DOCTOR

Name:

Address:

.....

Tel number:

EMERGENCY CONTACT

Name:

Address:

.....

Tel number (mob):

Tel number (land line):

Indicate relationship: husband/wife son/daughter friend neighbour

Other:

YOUR HEALTH, YOUR RESPONSIBILITY

Personal Medical Information

Do you suffer from?

Angina: Yes/No

High blood pressure: Yes/No

Diabetes: Yes/No

Epilepsy: Yes/No

Do you take: Blood thinners Yes/No Insulin Yes/No

Details of ailments and medication which you are taking:

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Is there anything else that you feel the Emergency Services should know about your health? (E.g. Allergies? etc.)

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Signed:

Name (print):

Date:

YOUR HEALTH, YOUR RESPONSIBILITY