

BSSC Medical Questionnaire

Basingstoke Synchronised Skating Club

Name

Address

Email

Emergency Contact Name

Emergency Contact Tel

Doctor/Surgery Name

Doctor/Surgery Address

Have you had any of the following?

Asthma or bronchitis	Yes / No	Allergies to any known medication	Yes / No
Heart condition	Yes / No	Any other allergies eg food	Yes / No
Fits, fainting, blackouts	Yes / No	Other illness or disability	Yes / No
Severe Headaches	Yes / No	Travel Sickness	Yes / No
Diabetes	Yes / No	Regular Medication	Yes / No

If the answer to any of these questions is Yes, please give details.

Do you have any special dietary requirements?

Confidential

If it considered necessary, do you agree to mild painkillers (eg Paracetamol) being administered? Yes / No

Have you had a vaccination against Tetanus in the last 10 years? Yes / No

Are you receiving medical or surgical treatment of any kind from either your family doctor or hospital? Yes / No

Have you ever been given specific medical advice to follow in emergencies Yes / No

If the answer to either of the last two questions is Yes, please give details of dosage or medicines/tablets, including whether it is self administered or given by the chaperone.

Is there any other information you feel is important and you feel we should know about? If so please give details.

I hereby authorise the chaperone/coach to act on behalf of the person named above in any emergency.

Signed

Print Name

Date

Once completed, please return to the BSSC Team Manager.