

MEDICAL FORM

This form should be completed by all applicants. All information supplied in this form will be treated as strictly confidential.

EVENT DETAILS

Date and destination of event: **The Hairdressers' Charity Portugal bike ride, 23rd-27th September 2018**

PERSONAL DETAILS

Title (Mr/Mrs/Miss/Ms/Dr):		Full Name:
Date of Birth:		Email:
Height (m):	Weight (kg):	Nationality:
Tel (home):		(mobile):

MEDICAL DETAILS

The event in which you will be participating is challenging and will require a good level of fitness, strength and endurance. It is your responsibility to ensure that you have the appropriate level of fitness and medical insurance. The event is not recommended for those with any infirmity. You should check with your doctor to ensure that you are sufficiently fit and healthy to participate.

Do you have a history of any of the following conditions?

- | | | |
|---------------------------------|-----|----|
| 1. Heart or circulatory disease | Yes | No |
| 2. Raised blood pressure | Yes | No |
| 3. Joint or back injuries | Yes | No |
| 4. Respiratory disease | Yes | No |
| 5. Heat stroke | Yes | No |
| 6. Asthma | Yes | No |
| 7. Vertigo | Yes | No |
| 8. Epilepsy | Yes | No |
| 9. Altitude sickness | Yes | No |
| 10. Anxiety / stress | Yes | No |
| 11. Any other condition | Yes | No |

Please Specify: _____



Have you undergone hospital treatment in the last 12 months? Yes No

Are you allergic to: Nuts / Penicillin / Wasp or Bee stings / Shellfish / Suffer from Hay fever /other?

If you have circled "Yes" to any of the above or you have undergone hospital treatment, please give details in the space below and list any medication you are currently taking.

Details:
Blood Group (if known):
Medication (Please bring supplies for the length of the trip plus spares):

DIETARY REQUIREMENTS

Please detail below any special dietary requirements or food allergies:

EMERGENCY CONTACT INFORMATION

Full Name:	Relationship:
Address (if different from applicant):	
Email:	
Tel (home):	(mobile):

DECLARATION

I APPLY TO TAKE PART IN THIS CYCLING EVENT AND CONFIRM THE FOLLOWING:

- 1) I have understood that this event is challenging.
- 2) I have understood the need for fitness and will read the training guidelines and commit to a training programme for the event.
- 3) To the best of my knowledge this is a true and accurate description of my medical history and current condition.
- 4) I sign below for the Hairdressers Charity to release this information to a third party if necessary and for them to contact my GP for further details if appropriate.
- 5) In the event of illness or an accident on the trip I hereby give my permission for Tour staff to initiate medical treatment and notify my next of kin in case of hospitalisation.
- 6) I am expected to bring a small personal first aid kit.
- 7) I will advise my insurer of any medical condition which I may have. Should I fail to do this, I understand that I will be liable for any medical costs incurred whilst on the challenge as a result of such a condition.

Signed:	Date:

IMPORTANT

Should any of your medical details change after you have submitted this form, please inform The Hairdressers' Charity immediately. You may be asked to complete a new medical form. It is vital that you remember to do this for your own safety.