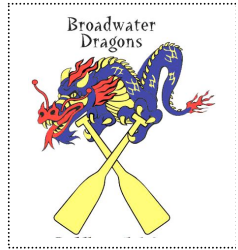




# Broadwater Dragons Paddling Club Inc



## Individual Medical Declaration 2016-2017

### Medical Details

If you suffer or have suffered from any disease or physical or mental disability (eg. Epilepsy, Diabetes, Allergies, Asthma, use Ventolin, carry an EpiPen or any permanent disability to a limb, eye or ear), likely to affect your efficiency, it may affect your safety and the safety of the public. You should consult your medical practitioner and your QDBF club coach prior to commencing any dragon boating activity.

All medical information received will be forward to the club coach and club first aid (medical) officer. All matters will be treated with the highest confidentiality. If you have a medical matter you wish to discuss with the club coach prior to completing the form please advise the club secretary to co-ordinate your communication.

MEDICAL INFORMATION					
NAME OF MEMBER:				GIVE DETAILS	DETAILS OF MEDICATION REQUIRED
D.O.B.		YES	NO		
1.	Heart Problems				
2.	Respiratory Problems/Asthma				
3.	Allergies				
4.	Travel Sickness				
5.	Blood Pressure				
6.	Operations				
7.	Epilepsy				
8.	Recent Illness				
9.	Injections & When (eg Tetanus)				
10.	Previous Reactions to any Drugs				
11.	Other				
12.	Phobias				
EMERGENCY CONTACTS:				HOME PHONE:	
				WORK PHONE:	
				MOBILE PHONE:	
RELATIONSHIP TO YOU:					
FAMILY DOCTOR: PHONE:					

Declaration:

I have read and understood, acknowledged and completed the above medical information. I sign this declaration and I warrant that all information provided is true and correct at the time of completion. Whilst taking all necessary precautions the club is not responsible for any injury I may incur whilst training or competing.

Name: \_\_\_\_\_ (please print)

Signed: \_\_\_\_\_