



**RINGWOOD SEALS SWIMMING CLUB  
CONFIDENTIAL MEDICAL QUESTIONNAIRE**

**The completion of this form is compulsory for all swimmers.**

Name of member	Date of birth	Over 18?	Yes / No
Contact address	Contact Tel. No. 1		
	Contact Tel. No. 2		
Name and address of member's doctor			
Doctor's Tel. No.		Member's NHS No.	

**It is important that instructors are aware of any medical conditions and special needs so that they are able to use the most appropriate style of teaching for the individual. Please be assured that any such information will be treated with sensitivity.**

**Has the member had any of the following:**

Asthma or bronchitis	Yes / No	Allergies to medication	Yes / No
Heart condition	Yes / No	Any other allergies	Yes / No
Fits, fainting or blackouts	Yes / No	Travel sickness	Yes / No
Severe headaches	Yes / No	Regular medication	Yes / No
Diabetes	Yes / No		

Does the member have any other conditions not mentioned above?	Yes / No
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**If the answer to any of the above questions is "Yes" please give details on the back of this sheet.**

If necessary, do you agree to mild painkillers (paracetamol) being given?	Yes / No
Has the member received vaccination against Tetanus in the last 10 years?	Yes / No
Is the member receiving medical or surgical treatment of any kind from either your family doctor or hospital?	Yes / No
Has the member been given any specific advice to follow in emergencies?	Yes / No

**If the answer to either of the last two questions is "Yes" please give details including dosage of any medicines/tablets on the back of this sheet.**

**DECLARATION:** I have read, understood and completed this questionnaire and declare that to the best of my knowledge the above information is correct and that I know of no other reason why I/my child should not be able to participate in club activities. It is my responsibility to ensure that the Club is informed of any changes to this information. Only relevant club members and, if necessary, Leisure Centre staff, will be made aware of any disability, medical condition or medication requirements. By signing this membership form I consent to this information being made available to these members.

Signature*	<i>*Person with parental responsibility for member if under 18</i>
Print name*	Date

**Data Protection:** The information you supply will be used by Ringwood Seals Swimming Club within the terms of the Data Protection Act 1998. All information on this form will be used in the strictest confidence. We shall not supply it to third parties.



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ADDITIONAL DETAILS

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