

**Health Declaration Form**

<b>Surname</b>	<b>Forename(s)</b>	<b>Date of Birth</b>	<b>Gender</b>
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**This form is required if you currently, or have ever, suffered from any of the conditions listed below:**

Allergies, asthma, behavioural problems, blackouts, chest conditions, diabetes, ear or sinus problems, epilepsy, fainting, headaches, heart conditions, muscular/skeletal problems, vision problems, any previous major illness, any previous major injury, any condition not listed above.

**A separate TG Form 23 is to be completed for each medical condition to be declared.**

**Condition Declared:**

**Medication(s)**

<b>Name</b>	<b>Dosage &amp; Frequency</b>	<b>Storage Requirements</b>

**How are you affected by the condition during normal routine activities:**

**How are you affected by the condition during strenuous activities:**

**Have you sought advice from a healthcare professional about your condition in relation to this activity?**

**If Yes, give details of advice given:**

**Additional information / comments regarding the management of your condition:**

**Declaration**

I fully understand that the activities may be strenuous and conducted in environmental conditions such as dust, fumes, extremes of temperature and altitudes that may aggravate my condition. I confirm that I have consulted a healthcare professional if there is any doubt regarding my suitability of the activity or my fitness / ability to take part in the activity.

Should there be any change in my condition after signing this declaration, I will inform the office in charge of the activity prior to travelling to the activity.

**If travelling overseas:** I understand that I must give full details of any conditions for which I have been treated in the preceding twelve months of any overseas activities.

**Cadet below the age of 16:**

**Name in BLOCK Letters** (parent / guardian):

Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

**Cadet age 16 or above** (at date of signature):

**Name in BLOCK Letters** (cadet if aged 16 when signing):

Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_