

COURSE PARTICIPATION MEDICAL FORM



ELEMENT

SAFETY ♦ TRAINING ♦ RESCUE

Course Name	
Course Date	

Element Safety training courses can involve participation in both indoor and outdoor activities at all times of the year. These activities may include kneeling, crawling, climbing, lifting, pulling, dragging and other forms of physical involvement.

Element Safety reserve the right to exclude any individual from training, at any stage, if they have concerns regarding their health or fitness.

The medical information provided will be treated in the strictest confidence and used only to ensure your safety and welfare or to assist medical professionals to make a diagnosis or provide treatment in case of an emergency.

Full Name	
Date of Birth	
Weight	
Emergency Contact Name & Number	
Do you have any allergies?	
Are you currently on any prescription medication & do you have it with you?	
Please list any specific medical advice you have been given to follow in an emergency	

Please also complete the back of this form

Have you been or are you currently affected by any of the following medical problems or conditions?

Fits, Fainting or Blackouts	
Coronary	
Respiratory	
High Blood Pressure	
Back or Neck	
Knee or Joint	
Severe Headaches	
Psychiatric	
Vertigo	
Claustrophobia	
Panic Attacks	
Uncorrected Visual Impairment	
Uncorrected Hearing Impairment	
Diabetes	
Have you had any recent surgery or injury?	
Do you have any other conditions or old injuries which would affect participation?	
Fit and well	
Sign & Date	