

OUTDOOR PURSUITS SELF DECLARATION HEALTH FORM

Prior to you agreeing to participation in the activities/tasks/events proposed, you must have access to and understand the risk assessment(s) conducted for the activities/ tasks/ events. It is your responsibility to clarify any area of concern prior to participation.

Participation is voluntary, and subject to you being physically and medically capable. The degree of involvement in the exercises can be tailored to the capabilities of the individual. This would need to be discussed by you and the event organiser.

The information provided by you on this form will be used by Occupational Health to assess your fitness to participate. It is important that you complete this form accurately, a false declaration could put you and others at risk of injury or illness. You may be called to Occupational Health for a full assessment, if necessary.

Please note the results of either the paper or full assessment will be shared with the event organiser.

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|---|-----------------------------|
| Name: | |
| Type of Activity/ Event and Name of Event Organiser | SELEX GALILEO Ltd |
| Date of Activity/ Event | 15th – 28th May 2010 |
| Question | Yes/No |
| Do you take regular physical exercise or participate in physical sports? If yes, please give an indication of degree and type of exercise/ sport undertaken. | Yes / No |
| Have you or do you suffer from any musculoskeletal problems or injuries which have required medical treatment in the last 3 months? e.g. back strain, slipped/ prolapsed disc, pulled or strained muscles/ ligaments, broken bones, dislocation, arthritis? If yes, please give details. | Yes / No |
| Have you or do you suffer from any heart or lung complaints or conditions? e.g heart attack, coronary heart disease, angina, high blood pressure, asthma etc. If yes, please give details. | Yes / No |
| Have you ever had any type of collapse, seizure or fit? If yes, please give details. | Yes / No |
| Have you or do you suffer from Agoraphobia, Claustrophobia or vertigo? | Yes / No |
| Are you or could you be pregnant? | Yes / No |
| Have you suffered a miscarriage in the last 3 months? | Yes / No |
| Are you taking any medication ? If yes, state condition treated and/or medicines taken. | Yes / No |
| Are you diabetic? | Yes / No |
| Do you suffer from any allergies? Include any known allergies to insect bites, pollen, drugs, etc. Please detail including if you carry an Epi Pen auto injector. | Yes / No |
| Have you suffered any head injury, including concussion, which has resulted in medical treatment in the last 6 months? If yes, please give details. | Yes / No |
| Are you aware of any other medical or physical condition, which could effect your participation in, or could be effected by participation in, these outdoor activities? | Yes / No |
| Do you have objections to any form of emergency medical treatment, including for example, blood transfusions, if for any reason you are not able to give consent at the time it is required to be administered? | Yes / No |
| Participants Signature: | Date: |

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PARTICIPANT INVOLVEMENT AUTHORISATION

| | |
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| Participants Name: | |
| Name and Contact Details of Next of Kin: | |
| In the event of the need for emergency medical treatment, I consent to that treatment being administered as appropriate. | |
| Signed: | Date: |

When completed this form should be forwarded in a sealed envelope to the event organiser and will be held by the site Occupational Health until the event when it will travel with First Aider or medical person taking part in the event. This will only be passed to Doctor or hospital in case of an emergency on route.

FOR OCCUPATIONAL HEALTH USE

*There is no disclosed medical impairment to prevent participation.

*OH Full assessment is required.

*Participation is agreed with the following restrictions.

*Participation is not recommended by OHD.

* Tick appropriate box.

Signed by OHA: _____

Date: _____

OHD to photocopy this side and send to Event Organiser.