

Sail number:

**Please complete this form in BLOCK CAPITALS and
keep it in a waterproof zip-close bag in your tool box.**

You are asked to complete this form and place it in a waterproof zip-close bag in your tool box so that the information is available to the Responsible Person and Emergency Services in the event of illness or injury. The completion of this form in no means infers that you will be judged or otherwise to take part in radio or free sailing. This form is for Emergency Services only so please make sure you have up to date details of any conditions and medications you are taking.

Your name:

Date of Birth:

Address:

Tel (land line number):

YOUR DOCTOR

Name:

Address:

Tel (land line number):

IN CASE OF EMERGENCY (ICE) CONTACT (WHO TO CONTACT IF YOU ARE TAKEN ILL)

Name:

Address:

Tel (mobile):

Tel (land line):

Indicate relationship: husband/wife son/daughter friend neighbour

Other (specify):

YOUR HEALTH, YOUR RESPONSIBILITY

Personal Medical Information

Do you suffer from:

Heart condition?

Yes/No

High blood pressure?

Yes/No

Diabetes?

Yes/No

Epilepsy?

Yes/No

Have you had Coronavirus?

Yes/No

Any other underlying health conditions? Yes/No

Details:

Are you allergic to anything?

Yes/No

Details:

Details of medical conditions and medication which you are taking:

Is there anything else that the Responsible Person and Emergency Services should know about your health?

Signed:

Name (print):

Date:

YOUR HEALTH, YOUR RESPONSIBILITY