

RESTRICTED – MEDICAL  
(when completed)

**CADET AND STAFF ACTIVITIES HEALTH QUESTIONNAIRE**

**This should be completed if any box on CC FORM 3 has been ticked or other conditions eg allergies have been declared**

Surname:	Forenames:	D of B:
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Condition being declared:

Medication being taken:	Name:
	Dosage:
	Storage requirements:

Do you carry/need any emergency medication?      Yes

If Yes give details:

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

How are you affected by the condition during strenuous exercise:

Have you sought advice from your doctor/nurse about your condition in relation to the activity Yes/No      If  
yes give details of comments/advice given below

Any additional information/comments which will help you manage your condition during the activity

I fully understand that the activities may be strenuous and conducted in environmental conditions such as dust, fumes, extreme temperatures and altitudes that may aggravate my condition. I confirm that I have consulted my doctor if there is any doubt regarding the 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 questionnaire I will inform the Officer in Charge of the activity or the OC Sqn/Wing HQs concerned prior to travelling to the activity.

Signature of participant:

Date:

Signed:

(Person having parental responsibility for a cadet under 16 years of age)

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