

**ADULT STAFF PERSONAL DETAILS AND CERTIFICATE OF HEALTH**

<b>Surname:</b>		<b>Forenames:</b>
<b>Rank:</b>	<b>Service Number:</b>	<b>ATC Sqn:</b>

**Next of Kin/Person to Contact**

<b>Name:</b>	<b>Relationship:</b>
<b>Address:</b>	<b>Telephone No:</b>
<b>Post Code:</b>	
<b>Contact address and telephone no during camp period (if different from above)</b>	

I am attending an activity/event at: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

I certify that I am fit to participate in supervisory duties during the course and to take part in what may be strenuous pursuits. I will advise my Officer Commanding/ IC Activity if I have contact with any infectious diseases in the 3 weeks prior the activity.

The information contained in this document is classified as sensitive personal information and is subject to the provisions of the Data protection Act 1998. It is necessary for such information to be retained for legal reasons. Only such data as is relevant to the cadet's attendance at the camp will be used/retained. Signing below indicates your consent for us to use and retain such data. You have the right under the Data Protection Act 1998 to request access to any personal information we hold about the cadet.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

**REGARDLESS OF YOUR MEDICAL CONDITION YOU ARE REQUESTED TO COMPLETE FULLY, INCLUDING DOCTORS DETAILS, AND SIGN THE CERTIFICATE OF HEALTH OVERLEAF AND TO ATTACH ANY NECESSARY DOCUMENTATION TO EXPLAIN IN DETAIL A CONDITION FROM WHICH YOU SUFFER OR MAY HAVE SUFFERED**



**SURNAME:**

**FORENAMES**

**CERTIFICATE OF HEALTH AND DELARATION OF FITNESS**

**TO BE COMPLETED BY ALL CADETS AND ADULT STAFF**

\***Note:** If any of the following do not apply insert “**NONE**” in the box(es).

1. **Medication.** I take the following medication:

<b>Medication</b>	<b>Medical Condition</b>

2.

<b>Medical condition/past injuries for which I do not take medication but may affect my performance during the activity/event.</b>	<b>Name, address and telephone number of the doctor I am registered with.</b>

3. **Asthma.** All cadets and adults must answer the following question:

Do you suffer or have suffered from asthma? **YES/NO**

If **YES** then in addition to the declaration you are to complete the questionnaire overleaf.

4. **Declaration.** I understand that I should arrive on the activity well prepared, physically fit and sufficiently fit to undergo strenuous activity. I have declared all medical matters that may affect my participation in the course activities and I will inform the course commander of any additional medical matter that occurs after the date of signing this form.

**Signed:**

**Date:**

**Countersigned:**

(Person having responsibility for a cadet under 18 years of age only)



**SURNAME:**

**FORENAMES**

**ASTHMATICS QUESTIONNAIRE AND DECLARATION – TO BE COMPLETED BY ALL CADETS AND ADULT STAFF WHO SUFFER, OR HAVE SUFFERED, FROM ASTHMA**

\* Delete as appropriate

1. **Questionnaire.** I confirm that I **\*suffer/have suffered** from asthma and wish to declare the following information:

a. When was your last attack?

b. What preventative medication/inhalers do you use? (Include strength and frequency of dose):

c. What reliever medication/inhalers do you use? (Include strength and frequency of dose):

Indicate frequency of use during normal daily activities e.g. once a day, once a week etc:

Indicate frequency of use during routine exercise:

d. Have you ever required hospital admission for your asthma? **\*YES/NO**. If **YES** give details of when:

e. Have you sought advice from your doctor or asthma nurse prior to completing the health declaration? **\*YES/NO**. If **YES** what did your doctor or asthma nurse advise?

f. Any additional comments

**Declaration.** I fully understand that adventure training is a strenuous activity, which may be undertaken in extremely cold and additionally, at times, in “freezing fog” type atmosphere. Additionally I confirm that I have been advised that, if I am unsure about my fitness to take part in adventure training I should consult my Doctor or Asthma Nurse, before signing this certificate and declaration. Should my asthmatic condition change, requiring any amendment to the above questionnaire before arriving at activity/event, I undertake to advise the Course Commander, or if the change occurs during the activity/event.

**Signed:**

**Date:**

**Countersigned:**

(Person having responsibility for a cadet under 18 years of age only)

