



Lydney Swimming Club



Medical Information Form

To be completed by members 18 years or over

Title:	Forename:	Middle Initials:
Known as:	Surname:	
Date of Birth:		
Address:		
Post Town:		
Post Code:		
Tel: Home:	Mobile:	email

Emergency Contact Details

Surname:	Forename:
Address:	
Post Town:	
Post Code:	
Telephone No's: Home	Mobile:
Relationship to swimmer:	

Please delete Yes or No as appropriate and complete further details as necessary.

The Disability Discrimination Act 2004 defines a disabled person as anyone with physical or mental Impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day to day activities.

Do you consider you have an impairment?

Yes/No

If yes, what is the nature of your disability?

Visual Impairment; Multiple Disability; Learning Disability; Physical Disability; Hearing Impairment; Other

Please give details: _____

Medical information

Do you/have any specific illness/medical condition requiring medical treatment and/or medication?

YES/NO

If yes, please give details: _____

Are you/receiving any medical treatment or taking any medication at present?

YES/NO

If yes, please give details: _____

Do you/suffer from any allergies (e.g. hay fever) and/or allergic to anything (e.g. antibiotics, elastoplast, aspirin or any such medicines, any particular food,)?

YES/NO

If yes, give details: _____

Are you/actively sensitive to penicillin?

YES/NO

Are your/Polio & Tetanus injections up to date?

YES/NO

Any other relevant information?

YES/NO

If yes, please give details: _____

Name of Doctor: _____ Tel. No. _____

Address: _____

IF AT ANY STAGE YOU COME INTO CONTACT WITH ANY INFECTIOUS ILLNESS/DISEASE PLEASE INFORM THE CLUB IMMEDIATELY

I understand that, in compliance with the Data Protection Act 1998, all efforts will be made to ensure that this information is accurate, kept up to date and secure and that it is used only in connection with the purpose and activities of the club. Information will not be kept once a person is no longer a member of the club. The information will be disclosed only to those members of the club for whom it is appropriate and relevant officers of the Amateur Swimming Association or British Swimming.

Signed Swimmer: _____

Print Full Name: _____

Date: _____

(October 2014)