



Newtownabbey Amateur Swimming Club HEALTH & MEDICAL FORM

This form is designed to find out about the current state of health of the participating swimmer, and any medication that is being taken. Its main purpose is to assist with medical attention, should it be required, so the information provided should be accurate and up to date.

Any information provided will be held in the strictest confidence

Members Surname _____ First Name (s) _____

Date of birth _____

In an emergency the coach / Leader should contact the following person:

Surname _____ First names _____

Relationship to member _____

Tel No: (Day) _____ (Evening) _____

(Mobile) _____

Please provide the name of the member's personal doctor and contact details.

Doctor _____ Tel No _____

- Do you suffer from travel sickness, asthma, chest complaints, wheezing or hay fever, migraine, fits or faints, severe period pains, diabetes, nervous disorders, any other illness or disability. **Yes/No**

If yes, please provide full details:

- Are you allergic to anything? (Antibiotics, particular foods or drugs etc) **Yes/No**

If yes, please provide full details:

3. Do you have any special dietary requirements? **Yes/No**

If yes, please provide full details:

Information

Delete as appropriate

Are you registered disabled	yes / no
Do you have a sight disability	yes / no
Do you have a physical disability	yes / no
Do you consider yourself to have special needs	yes / no
Do you have specific medical needs	yes / no

Declaration

The information I have supplied is accurate and correct.
I am in good health and have no medical conditions which prevent me from competing / training with Swim Ulster

Name of swimmer _____

Signature of swimmer _____

Name of parent/ guardian _____

Signature of parent/guardian _____

Date: _____

