



MEDICAL FORM

Name:

Next of Kin Contact Details: (Name, Address, Tel No & relationship)

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Relationship:.....

Pre-Existing Conditions (i.e. Diabetes, Epilepsy etc)

Please state any existing conditions you may have, including any for which you are currently receiving treatment/tests)

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Medication:

List any medication you are currently taking (Please advise when you have ceased taking any medication listed)

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Medical:

Please state the date when you last had a full medical (work or privately)

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Allergies:

Please state below if you suffer from any allergies (ie. To any medication or for example insect bites, peanuts etc) and whether you carry any medication to counteract this. If none then please state "None Known"

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Contact Details:

Please state the name, address and contact number of your GP. If you are under specialist treatment please list also.

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Disclaimer:

I certify that, to the best of my knowledge the details supplied above to be correct. I understand that it is important not to withhold any information relating to any medical conditions. Any information that is found to be false or misleading will result in termination of my membership.

I agree to provide my own medical/travel insurance when working for Operation Florian both in the UK and abroad.

Any costs incurred by the charity as a result of not providing your own insurance or declaring any pre-existing conditions will be reclaimed from the individual by the Charity.

Signed.....

Print Name.....

Dated.....