

Medical Declaration Form

Name of passenger sailing on Challenge Wales:

Please note: This declaration will be held in confidence. Details will, however, be provided to the yacht skipper, if your application is accepted, in the interest of safety.

People wishing to sail as crew members should be fit and active. Due to the unique nature of the activities involved, the close living conditions on board, the possibility of sleep deprivation and sea sickness, we reserve the right to exclude any person or to restrict any person to certain voyages where that person may be put at risk on Health and Safety grounds by reason of their physical or mental health. **We are unable to accept any person as a Crew Member who is pregnant, has epilepsy, or is a carrier of an infectious disease.**

Please answer the following questions to help us process your application quickly.

Do you suffer from any of the following? (circle answer)

Diabetes	Yes / No	Co-ordination problems	Yes / No	Heart problems	Yes / No
Asthma	Yes / No	Physical disability	Yes / No	Visual problems	Yes / No
Restricted mobility	Yes / No	Hearing impairment	Yes / No	Autism or Learning disability	Yes / No

If YES to any of the above, please give details in the space provided:

Do you have or have you ever had epilepsy, fits or convulsions of any kind? YES / NO
Please give details;

Have you ever been admitted to hospital for asthma treatment? YES / NO
Please give details;

Have you had any serious illness, operation or accident? YES / NO
Please give details;

Are you on any medication, treatment or diet? (e.g. wheat free, vegetarian, vegan) YES / NO
Please give details;

Do you have any allergies? (e.g. food, sun, insect, drugs) YES / NO
Please give details;

Do you have any other medical or physical conditions that may affect your ability to participate fully in this activity? YES / NO
Please give details;

Family Doctor's Name and contact details

Phone No.:

Declaration

I declare that the information given above is correct to the best of my knowledge and will accept the decision of Challenge Wales with regards to my suitability for voyaging on their yacht. I also consent to being given emergency medical treatment, as may be deemed necessary in the circumstances, and also give such permission for the senior sea staff to similarly give such permission on my behalf. I accept that Challenge Wales will NOT be held responsible for any issues that may arise from non-disclosure of any medical information.

To be signed by parent or guardian if individual is under 18 years old on the date of the intended voyage.

Signed _____ Date _____

Print Name _____



Registered address;
20 Glebe Street
Penarth, Vale of Glamorgan
CF64 1EE