

Medical Declaration Form

Name of passenger sailing:

Age and Date of Birth

Age	DD / MM / YYYY

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

People wishing to sail on one of the Challenge Wales' charity vessels should be relatively fit and mobile. 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 do not recommend that women sail with us when pregnant. We will not accept anyone who is a carrier of an infectious disease. We often accept people with epilepsy, but will require further details before confirming this.** This does not necessarily exclude anyone and we will review on an individual basis.

Please answer the following questions to help us process your booking

Do you have any of the following conditions? (Please answer Yes or No)

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 as much information in the space provided below:

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Do you have or have you ever had epilepsy, fits, fainting, unexplained collapsing or convulsions of any kind? If YES , please give full details including the dates when the last two episodes occurred;	YES / NO
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Have you ever been admitted to hospital for asthma treatment? If YES , please give details;	YES / NO
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Have you had any serious illness, operation or accident? If YES , please give details;	YES / NO
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Are you on any medication or treatment? If YES , please give details including any non-prescription medication;	YES / NO
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Do you have any allergies? (e.g. food, sun, nuts, insect, drugs - including non-prescription medication) If YES , please give details;	YES / NO
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Do you have any mobility issues that may affect your ability to participate fully in this activity? If YES , please give details;	YES / NO
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Do you have any dietary requirements? (e.g. Vegetarian, gluten free) If YES please give details	YES/NO
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Registered address;
Crown House, Windsor Road
Penarth, Vale of Glamorgan
CF64 1JG

Do you have any other medical or physical conditions that may affect your ability to participate fully in this activity (this would include being obese/significantly overweight? *Please note that access in and out of the vessels are via a ladder and hatch, the smallest hatch being 48 cm's (19 inches).*

YES / NO

Please give details;

Optional recreational activities may include swimming or stand-up paddle boarding.
Please can you tell us if you can swim

YES / NO

If so, at what level?

Family Doctor (Please ensure all these details are completed and correct)

Name (if known):

Surgery Address:

Telephone:

Declaration

I declare that the information given on this Medical Declaration Form is correct to the best of my knowledge and will accept the decision of Challenge Wales with regards to the suitability for voyaging on their vessels. 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.**

I also understand that by disclosing information does not mean I may/will be excluded from a voyage or shore-side activities but that disclosure is in the interests of my personal safety.

Signed _____

Full Name of person signing declaration (Please Print) _____

Full Name of participant IF DIFFERENT to the name above: _____

Relationship to participant if participant is not signing form: _____

Date _____

If participant is under 18 at the time of booking the voyage, then this must be signed by a parent or guardian

Please note that Medical Declaration Forms are destroyed within 6 months of a voyage taking place. Medical Declaration Forms for crew volunteers are retained until volunteering ceases.



Challenge Wales registered No 1111859.

Company Reg No 05342397

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