



# Health Questionnaire

Please complete the above information as accurately as possible. This information will be used in the strictest confidence.

Name of swimmer ..... Date of Birth .....

Squad .....

Address .....

.....

Post Code ..... Home Telephone .....

1<sup>st</sup> Emergency contact no. ....

2<sup>nd</sup> Emergency contact no. ....

Parents names/next of kin.....

Name of swimmer's doctor.....

Surgery address.....

..... Surgery telephone no. ....

**1. Does the swimmer suffer from any of the following?**

- Asthma or bronchitis Yes  No
- Allergies to any known medication Yes  No
- Heart condition Yes  No
- Any other allergies (e.g. material, food, plasters) Yes  No
- Epilepsy, fainting or blackouts Yes  No
- Other illness or disability Yes  No
- Severe headaches Yes  No
- Travel sickness Yes  No
- Diabetes Yes  No
- Learning difficulties Yes  No

**2. Does the swimmer need regular medication** Yes  No

3. Are there any reasons not already stated that may affect your child taking part in our swimming programme? Yes  No

If you have answered yes to any of the previous questions, please give more details.

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4. If it is considered necessary, do you agree to mild pain killers being administered? (eg Paracetamol) Yes  No

5. Has the swimmer been vaccinated against Tenatus? Yes  No

6. Do you agree to medical help being sought in the event of a more serious situation? Yes  No

**Declaration**

I have read, understood and completed this questionnaire and declare to the best of my knowledge that the above information is correct and that I know of no other reason why I/my child should not be able to participate in the above swimming programme. All personal information given in this form will be used to provide the best service we can and it will **not** be passed onto any third parties.

**Signed** ..... (swimmer is under 18 years) **Date** .....  
(Person with parental responsibility)

**Signed** ..... (swimmer is 18 years and over) **Date** .....  
(Swimmer)

Please inform the Welfare Officer, in writing, of any change of medication or medical condition.