

Appendix 4: Medical Form

Leeds University Union Canoe Club Medical form

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Student Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Doctor: I am registered with Leeds Student Medical Practice  
 I am registered elsewhere (Please give details below)

Please read the following questions carefully. If you answer yes to any of them, then please give further details in the space below. Please also give details of any other medical conditions or significant disabilities that might be relevant. No condition will prevent you from participating and all details will be kept in strict confidence. LUUCC needs to have a copy of relevant medical history on file to conform to our risk assessment.

- |   |     |
|---|-----|
| Have you ever been hospitalised?  | Y/N |
| Have you ever had surgery?  | Y/N |
| Do you have any allergies?  | Y/N |
| Do you have epilepsy?   | Y/N |
| Do you have diabetes?   | Y/N |
| Do you have asthma?   | Y/N |
| Are you currently taking any prescribed medication (except the contraceptive pill)? | Y/N |
| Have you ever been dizzy during or after exercise?                                  | Y/N |
| Do you have a heart murmur or any other heart problems?                             | Y/N |
| Have you ever had a seizure?  | Y/N |
| Have you ever broken a bone or dislocated a joint?                                  | Y/N |

Details here: (Continue on the reverse of necessary)

I have completed this form to the best of my ability. I have also completed a swim test and have read and understood the participation statement.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_