

Medical Form

Please Note: This form may be returned with the Application Form OR in a separate sealed envelope, marked "For the Attention of the Pilgrimage Doctor." Any personal or medical information provided in this form will be regarded as confidential, and be used solely for the Westminster WYD 2008 Pilgrimage.

Surname: First Name(s): Date of Birth (dd/mm/yyyy): Sex (pls delete): M / F	Contact Details: Please enter details so we can contact you if we need to discuss any of the information provided Tel. No: Mobile: Email:
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General Practitioner (GP) Details We may need to contact your GP for further medical information. We will only do this with your expressed prior consent. GP Name: Dr GP Address: GP Phone No:	Emergency Contact Details: Please enter details of who we should contact in a medical emergency (e.g. parent, guardian, friend) Name: Relationship: Address: Phone No:
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Current Medical Problems
 Please enter here any medical or psychiatric problems that you have had in the last 3 years, including those that are controlled with medications.
 Please give any further relevant information regarding any conditions mentioned e.g. last episode of condition, are you under the care of a specialist consultant for the condition, what triggers this condition?

Do you suffer from: <i>(please delete)</i>	<u>Details</u>
Asthma	Y / N
Epilepsy	Y / N
Diabetes	Y / N
Mental Health Problems	Y / N

Other Conditions

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Please provide any additional information which you think may be relevant on a separate sheet of paper headed with your FULL NAME & DATE OF BIRTH, and DATE COMPLETED

Inactive Medical Problems (e.g. previous surgery, previous fits)	Current Medications (including ones taken infrequently or irregularly): Allergies (e.g. to penicillin, bee stings):
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Pilgrim Declaration (to be signed by ALL pilgrims)
 I confirm that the above information is correct to the best of my knowledge, and am happy to be contacted by the Westminster WYD team to clarify any details. I will inform the WYD team if any information changes prior to travel on the pilgrimage.

Signature: Print Name: Date:

Parental/Guardian's Consent (only if pilgrim is aged under 18 years):
 In the event of illness, I give permission for medical treatment to be administered where necessary by a nominated first-aider or by suitably qualified medical practitioners. If I cannot be contacted and my child should require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency medical treatment or administer medication.

Signature: Print Name: Date: