

## Sale to Sea Medical Information Sheet

Kayaking is a strenuous and physically demanding activity. If you have any questions regarding your health and participation in the Sale to Sea Disability Kayak Challenge, please discuss these with your doctor. We ask you the following information to be aware of any potential problems and to help you enjoy the sport of kayaking and completing the Challenge. Please use additional paper if necessary.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State /

Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ E- mail: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### **Section 1: General Questions** \*Compulsory Questions

Describe your swimming ability: \*

Excellent       Good       Average       Poor (Please Complete)

Describe your general health: \*

Excellent       Good       Average       Poor (Please Complete)

### **Section 2: Medical information and History:**

Have you ever had any of the following? (Please check the Yes or No Column)

Condition	Yes	No	Condition	Yes	No
Allergies			Diabetes		
Heart Disease			Asthma		
High blood pressure			Back problems		
Dislocations			Do you have muscle spasms? If yes, what triggers them?		
Do you get cold easily?			Are you greatly affected by heat?		
Are you pregnant?			Are you taking medication?		
Are you allergic to any medications?			If yes, are there any side effects of The medication such as sun sensitivity,		

			Increased thirst or fatigue?		
Are you allergic to insect bites or Bee stings? If yes, do you carry medications?			Seizures If yes, what triggers them? If yes, what is the date of your last seizure?		
Do you have other any medical condition that may affect your ability to undertake the challenge safely			Transplant recipient etc.		

**If you answered yes to any of the questions in the chart, please explain here: Use additional paper and attach to medical form if required**

**Condition:**

**Symptom:**

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**Do you have a Disability?**  Yes

No

**If yes, please describe:**

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**How long have you had a disability?**

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**Do you have mobility impairment?** If yes, please describe:      Yes       No

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**Do you have a sensory impairment? (Sight, sounds or sensation).** Yes  No

If yes, please describe:

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**Do you have any special food requirements or suffer from food allergies?**

Yes  No

Details:

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So that we can better understand your needs, please list any medical, physical, psychological or emotional issues not mentioned above:

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**In case of an emergency, whom should we contact?**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Treating doctors details:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact phone number:** \_\_\_\_\_

**Declaration:**

I \_\_\_\_\_ hereby acknowledge that the information that I have provided is true and correct and understand that any false information may exclude me from participating in the Sale to Sea Disability Kayak Challenge. I also understand that any misleading information that I may provide to Sale to Sea Disability Kayak

Challenge regarding my ability to participate will forfeit any right to legal action in the event of an accident or injury received as a result of my actions.

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

Print Name: \_\_\_\_\_

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