

EAST ANGLIAN SAILING TRUST

Sailing for people with disabilities Patron: Sir Thomas Allen CBE



To be completed by all members wishing to go sailing in keelboats or in yachts

Ver 2.1 2014

MEDICAL QUESTIONNAIRE: In the interests of safety, EAST has a duty of care to establish medical conditions. This information could assist emergency services. Your details and those of your shore based emergency contact may be kept in electronically. All other information is stored securely only in paper form.

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1)	YOUR DETAILS:							
	Name				Date of birth			
	Telephone	Home			Mobile			
	E-mail address					<u> </u>		
2)	SHORE BASED CONTACT IN CASE OF EMERGENCY							
	Name					Relationship		
	Telephone Home					Mobile		
3)	GP DETAILS							
	Practice name				Telephone			
	I agree that the EAST medical officer may contact my GP if necessary YES/NO							
4)	MEDICAL INFORMATION - enter YES or NO to indicate whether or not you have the following conditions							
	Heart condition			High blood			Stroke	
	Diabetes			Seizures/ep	ilepsy		Poor balance	
	Asthma/other respiratory		,	Haemophilia/other			Weakness/stiffness of	
	condition			bleeding disorder			limbs	
	Speech difficulti		Hearing difficulties			Visual impairment		
	Degree of blindness: B1 (totally blind) B2 (a little vision) B3 (some useful vision)							
	MEDICATION: Give full details of all medication, including frequency of use and state condition for which it is prescribed: (continue overleaf if necessary)							
	Does your medication require refrigeration?							
	ADDITIONAL INFORMATION: Describe any recent surgery (e.g. joint replacement, heart surgery), physical or mental condition and how this or any of the conditions declared above might affect your health, mobility or suitability to take part in a sailing activity (continue overleaf if necessary)							
5)	OTHER INFORMATION							
<i>.</i> ,			Weight	eight Do you		need a wheelchair or walking aid?		
	Do you smoke?				Do you need to be accompanied on a 1:1 basis?			
	Allergies (state which)				Special dietary requirements			
	Signature		Ch		necked (initials)			
	Date			Da	ite			

Please send or hand to the Cruising Co-ordinator, with your cruise application form, or to the Keelboat Organiser, whichever is applicable to your activity.