



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

MEDICAL QUESTIONNAIRE: EAST has a duty of care to establish medical conditions. This information could assist emergency services.

DATA PROTECTION: EAST collects and stores personal information from people participating in our activities solely for use by EAST in compliance with our Privacy Policy available on www.e-a-s-t.org.uk.

1) YOUR DETAILS:

Name			Date of birth	
Telephone	Home		Mobile	
E-mail address				

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 pressure		Stroke	
Diabetes		Seizures/epilepsy		Poor balance	
Asthma/other respiratory condition		Haemophilia/other bleeding disorder		Weakness/stiffness of limbs	
Speech difficulties		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? Enter YES or NO					
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

Height		Weight		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		
Member's signature				Checked (initials)	
Date				Date	

Data Protection: I agree to EAST storing my data in accordance with EAST privacy policy tick = yes

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.