

TEAM: KEELE



Personal Medical Details Form



Students are advised that while personal data collected on this form is regarded as confidential, it will be automatically processed for Administrative purposes.

If you participate in a club organised trip, your medical details will be disclosed to the trip leader. In the case of an emergency, details will be given to the Emergency Services.

PLEASE PRINT DETAILS

Personal Details:

Surname:	Mr/Mrs/Ms/Dr/Prof):
First name:	Date of birth:
Keele Card No:	

Next of kin details:

Name:	Relationship:
Address:	
	Postcode:
I give permission for the disclosure of my details to trip leaders:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signed:	Date:

In case of emergency we may need to contact your next of kin, you should ensure that you have permission for the person you nominate.

Doctor:

Are you registered with the Keele Doctors?

Yes

No

If 'No', please provide the details of your doctor below:

Address:

Postcode:

Telephone:

Allergies and health:

Do you have, or have you ever had, any of the following:

Asthma

Yes

No

Diabetes

Yes

No

Heart Problems

Yes

No

Periods of unconsciousness/dizziness

Yes

No

Joint or bone problems

Yes

No

Epilepsy

Yes

No

Chest pains

Yes

No

High blood pressure

Yes

No

Are there any other known reasons why you should not do physical activity?

Are you regularly taking any medication?

Yes

No

If 'Yes', what is it and what is it for?

Known allergies? (Please state)

Please note that this information will help the club, the AU and emergency services to help you.

