

Medical Questionnaire:
(Confidential when Completed)



**WINCHESTER CITY
PENGUINS**

**Affiliated to:
ASA, SE Swimming, HCASA & MPAGB**

Name of Swimmer:

Date of Birth: Age 18 or over YES/NO

Name of Next of Kin:

Contact Address:

Contact Tel No: Home: Work/Emergency Contact Tel No:

Alternative Contact Name & Tel No

Name of Swimmer's Doctor

Surgery Address:

..... Tel No

Does the swimmer suffer from any of the following?

Asthma or bronchitis YES/NO

Allergies to any known medication YES/NO

Heart condition YES/NO

Any other allergies e.g. material, food, plasters YES/NO

Epilepsy, fainting or blackouts YES/NO

Other illness or disability YES/NO

Severe Headaches YES/NO

Travel Sickness YES/NO

Diabetes YES/NO

Regular Medication YES/NO

Learning Difficulties YES/NO

If the answer to any of the above questions is YES, please give details

Swimmers competing at National Events and are taking any medication (prescribed or not) should complete a Medical Declaration Form annually or whenever medication changes. Forms available from ASA/British Swimming.

If it is considered necessary, do you agree to mild pain killers being administered? (e.g. Paracetamol) YES/NO

Has the swimmer received vaccination against Tetanus in the last 10 years? YES/NO

Is the swimmer receiving medical or surgical treatment of any kind from either your family doctor or hospital? YES/NO

Has the swimmer been given specific medical advice to follow in emergencies? YES/NO

If the answer to either of the last two questions is YES, please give details below (including dosage of any medicines/tablets).

Signed Swimmer under 18 Years
Person with parental responsibility

Signed Swimmer 18 years and over
Swimmer

Date

PLEASE INFORM THE Membership Secretary, IN WRITING, OF ANY CHANGE OF MEDICATION OR MEDICAL CONDITION.

Data Protection Act 1998 Your attention is drawn to the notice displayed on club notice boards and website with reference to data protection. Your signature confirms your consent for the club to use personal data supplied under the terms of the Act. Any queries should be addressed to the Club Membership/ASA Registration Secretary (Denise Crowe). (Revised 15th Oct 2009)