

# HEALTH RECORD

2024



## Health Record

(This information will be kept confidential)

Name \_\_\_\_\_ Male / Female (circle one) Age \_\_\_\_\_ DOB \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Applicant's Blood Group (If known) \_\_\_\_\_

Medicare No. \_\_\_\_\_ Position \_\_\_\_\_ Other Health Care \_\_\_\_\_

Contact person in an emergency \_\_\_\_\_ Phone \_\_\_\_\_

Address of contact \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

If you answer "yes" to items 1-18, please supply full details on the lines below.

1. Heart Problems yes ☐ no ☐

3. Travel Sickness yes ☐ no ☐

5. Operations yes ☐ no ☐

7. Migraines yes ☐ no ☐

9. Fits, Epilepsy, etc yes ☐ no ☐

11. Diabetic yes ☐ no ☐

13. Bedwetting yes ☐ no ☐

yes ☐ no ☐

15. Disability yes ☐ no ☐

17. Drug Reactions yes ☐ no ☐

19. Can You Swim? yes ☐ no ☐

2. Respiratory Problems yes ☐ no ☐

4. Phobias yes ☐ no ☐

6. Recent Illnesses yes ☐ no ☐

8. Blackouts yes ☐ no ☐

10. Asthmatic yes ☐ no ☐

12. Restrictions on Activities yes ☐ no ☐

14. Special Diet yes ☐ no ☐

16. Medication Required yes ☐ no ☐

18. Allergies yes ☐ no ☐

20. Last Tetanus Booster – Date: \_\_\_\_\_

DETAILS: \_\_\_\_\_

## Authorisation and Agreement

In the event of accident or illness, I also authorise the Adventurer Director to consent, where it is impractical or communicate with me, for me / my child to receive any x-ray examination, anaesthetic, medical, surgical or hospital treatment as may be deemed necessary by a licensed physician and/or surgeon. I also authorise to engage such treatment. I agree to pay the appropriate fees for such and any ambulance or other emergency transportation costs, which may be required.

I agree to meet the expense of me / my child being returned home, by the director or leaders. I understand that such an arrangement may be necessary due to illness, injury, or if, in the opinion of the Adventurer Director, non-cooperation of any description or the inability to meet the rigours and requirements of the activity.

I agree to me / my child attending the activity on this understanding.

Signed: \_\_\_\_\_ Participant \_\_\_\_\_ Date \_\_\_\_\_

Signed: \_\_\_\_\_ Parent/Guardian (if applicant is aged under 18yrs) \_\_\_\_\_ Date \_\_\_\_\_