

Confidential Application and Medical History Form

All information is strictly confidential. This information is required by your Outdoor Leader to ensure that your outdoor experience is safe and enjoyable. Envelopes can be provided for privacy.

Name: _____ Email: _____

Address: _____ Postcode: _____

Phone Number: (H) _____ (W) _____ (Mobile) _____

Age: _____ Sex: M / F Height: _____ Weight: _____

Occupation: _____ Workplace: _____

Blood Group (If Known): _____ Religion (Optional): _____

I am aware that the Outdoor Discoveries activities/programs, in addition to usual dangers and risk inherent has certain additional dangers and risks some of which may include:

- physical exertion for which I may not be prepared
- weather extremes subject to sudden and unexpected change
- remoteness to normal medical services
- evacuation difficulties if I am disabled or travelling on country roads

Please circle if you suffer from any of the following:

| | | | | |
|------------|-------------------------|-----------------|----------------------|-----------------------|
| Asthma | Diabetes | Epilepsy / Fits | Fainting / Dizziness | Blackouts / Migraines |
| Disability | Heart / Blood Condition | Pregnancy | Uneven Pupils | Recent Injuries |

If so, please provide details: _____

Do you have any injuries or other conditions that may make the activity more difficult for you?

Are you allergic to anything? Example: Certain foods, bites, stings, etc? Yes / No

If so, please provide a list: _____

What allergic reaction do you have? _____

Is it necessary for you to carry your own medication at all times? Yes / No

Name of drug: _____ Dosage: _____ Frequency: _____

Name of your doctor: _____ Phone: _____

Name of a contact in case of emergency: _____

Phone Number: (H) _____ (W) _____ (Mobile) _____

Address: _____ Relation to Participant: _____

I agree that if I suffer injury or illness Outdoor Discoveries can, at my costs, arrange medical treatment and emergency evacuation service, as Outdoor Discoveries deem essential for my safety.

Signed: _____ Date: _____

Witness Name: _____ Signed: _____ Date: _____

Privacy Statement – Privacy Act 1998

By completing this form you are supplying Outdoor Discoveries with personal information about yourself. This information is needed to ensure your safety during your time with us. Outdoor Discoveries is required to collect this information by our insurance company and by the department of Workplace Health and Safety. This information you provide will not be supplied to any other organisation or used for any other purpose than that which is stated above

