

Confidential Application and Medical History Form

Surname		Given Names		
Home Address		Email		
Home Phone		Work Phone		Mobile
DoB	Age	Height	Weight	
Sex	Occupation and Workplace		Blood Group (If known)	
Drivers Licence	Distinguishing Features		Religion (Optional)	
Do you take any medication? (Yes / No)		If so, please provide a list:		
Is it necessary for you to carry your own medication with you at all times? (Yes / No)				
Name of Drug		Dosage	Frequency	
Asthma	Diabetes	Epilepsy / Fits	Fainting / Dizziness	Blackouts / Migraines
Disability	Heart / Blood Condition	Pregnancy	Uneven Pupils	Recent Injuries
Do you have any past or present medical conditions such as those listed above that medical staff might need to know? (Yes / No)				
If so, what are they? If you prefer not to list details here, contact Outdoor Discoveries personally for a confidential discussion.				
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?				
Do you have any injuries/other conditions that may make the course more difficult for you (Yes / No)				
If so, please provide a list:				
Name of your doctor		Phone		
Name of a contact in case of emergency:				
Home Phone		Work Phone		Mobile
Address:			Relation to You	
I give permission for First Aid to be administered to me if required.				
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

Qualification and Experience

Please give details of current or expired qualifications pertinent to single rope techniques (SRT).

First Aid - St John Ambulance / Red Cross / WMI / Other	Number	Expires

Other Relevant Qualifications	Number	Expires

Please give brief details of previous experience in SRT activities.

Abseiling:

Rock Climbing:

Vertical Caving:

Mountaineering:

Vertical Rescue Training:
