Medical Information Sheet for use by Illawarra Speleological Society Inc.

The information contained in the following document is confidential and may be used by persons in the event of an incident/injury during an activity associated with the club.

SURNAME		
FIRST NAME/S		
ADDRESS		
		POSTCODE
DATE OF BIRTH		***Blood Group***
Medicare Number		
Private Health Insurance		
Fund Number		
NAME OF EMERGENCY CONTACT PERSON/s		
MOBILE PHONE		***BUSINESS PHONE***
Your Doctor's Name		***Phone 02***

How far can you swim without assistance?

(Please circle) 50 metres 100 metres 250 metres or more

Do you suffer from any of the following conditions? (Please circle)

Asthma Diabetes epilepsy vision impaired high blood pressure

Heart condition migraines/headaches back or joint injury

Other condition?
Please provide details of condition and management if you circled any of the above conditions.

Do you have any known allergies to food, drugs, insect bites, pollens or environments?
If yes, please provide details.

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Are you currently taking any form of medication? If yes please provide details of medication, frequency and dosage.
When was your last tetanus injection?
Do you have any past injuries or undergone surgery that we need to know about? If yes please provide details.

Consent

I acknowledge that by participating in the program of activities as organised by Illawarra Speleological Society Inc. (ISS) that in addition to usual risks inherent, certain additional risks and dangers may be encountered which may include: remoteness to normal medical services; weather extremes subject to sudden and unexpected change; moderate physical exercise for which I may not be prepared; evacuation difficulties if I am disabled.

I agree to observe and comply fully with the safety standards and procedures as described by ISS and leaders of ISS (or agents or operators) for each activity that I will participate.

I agree that if I suffer injury or medical illness during the course of the activity/ies, ISS can at my cost arrange medical treatment and emergency evacuation services, as they deem essential for my safety.

Participant's Signature: …….. Date: ……