

HUNSTANTON SKI CLUB LIMITED

MEDICAL SELF CERTIFICATION

Applicants with medical conditions wishing to become members of Hunstanton Waterski Club Limited must complete this medical questionnaire. The information provided may assist emergency services in the event of a medical emergency whilst using the Club facilities

Surname	
Firstname	
Date of Birth	
Address	
Postcode	
Contact Number	
Name of Doctor	
Address of Doctor	
Telephone Number	

		If you have answered Yes to any of the questions below, please provide details
Are you suffering from any illness at present?	Yes/No	
Do you have any vision defect or loss of sight in either eye?	Yes/No	
Do you wear corrective vision spectacles	Yes/No	
Do you have any condition which affects full limb movement	Yes/No	
Do you have any False or Missing Limbs?	Yes/No	
Have you ever been rejected of had to accept an increased Insurance Premium due to medical grounds	Yes/No	

Have you ever suffered from or been treated for the following serious illness?

Asthma	Yes/No	Heart/Blood Disorders	Yes/No
Colour Blindness	Yes/No	High Blood Pressure	Yes/No
Convulsions	Yes/No	Meningitis	Yes/No
Diabetes	Yes/No	Pneumonia	Yes/No
Dizziness, Fits or Blackouts	Yes/No	Polio	Yes/No
Epilepsy	Yes/No	Tuberculosis	Yes/No
Fainting	Yes/No	Unconsciousness/concussion (in last 28 days)	Yes/No
Head Injuries	Yes/No	Other Serious Illnesses(*)	Yes/No

If you have answered yes to any of the above conditions, please provide details (Use the back of the Form if necessary)

I certify that the above facts are true to the best of my belief and I understand that my Membership may be invalid/withdrawn should any prove to be so. There is no known medical reason that would exclude me from entering. These details are strictly confidential and your doctor will not be contacted without your prior knowledge however details may be shared with medical professionals should an emergency occur.

Signature _____ Date Signed _____

If Applicant is Under18 - Signature of Parent/Guardian

Signature _____ Date Signed _____