

# HEALTH FORM FOR 18+

## DIOCESAN YOUTH FESTIVAL PLUMPTON RACECOURSE 28-31 May 2010

Name.....

Address.....

.....

Telephone.....

1. Do you suffer from any on-going or recurring illness? Yes/No  
*If yes, please complete section 1 overleaf*
2. Have you had a contagious illness or had direct contact with a contagious illness within the last four weeks? Yes/No  
*If yes, please state .....*
3. Do you take regular medication? *If yes please complete section 3 overleaf* Yes/No  
*(Please ensure that you bring an adequate supply)*
4. Do you have any known allergies, phobias or disabilities? Yes/No  
Please include allergies to all types of medication  
*If yes, please complete section 4 overleaf*
  - a. Have you been immunised against Tetanus within the last ten years? Yes/No  
*If yes, please give the date .....*
5. Do you have any special dietary requirements? Yes/No  
*If yes, please complete section 6 overleaf*
6. Is there any personal information about yourself of which the organisers should be aware? Yes/No  
*If yes, please complete section 7 overleaf*
7. Name and address of Doctor/National Health Medical No.  
.....
8. Do you wear contact lenses? Yes/No

Please give the name of your next of kin, their address and contact telephone number:

Address:.....

.....

Postcode:..... Telephone Number .....

**Mobile Phone No (to be contacted in case of emergency).....**

*Signed .....* *Date .....*

**For detailed information**

**Section 1**      On-going or recurring illness

**Section 3**      Name of medication and dose

**Section 4**      Allergies, phobias or disabilities

**Section 6**      Special dietary requirements

**Section 7**      Any other relevant information not yet covered