

# HEALTH QUESTIONNAIRE

*Hartley Wintney to Paris Bike Ride 2010*  
*2-5 September 2010*

**Please complete this questionnaire. Your answers will be treated in strict confidence.**

Name: ..... Date of Birth: .....

Age: ..... Height: .....(metres) Weight: .....(kg) Blood Group: ..... (if known)

**MEDICAL DETAILS**

The event in which you will be participating is challenging and will require a good level of fitness, strength and endurance. It is your responsibility to ensure that you have the appropriate level of fitness. The event is not recommended for those with any infirmity. You should check with your doctor to ensure that you are sufficiently fit and healthy to participate.

Do you have a history of any of the following conditions? If yes, please give details in the space provided below and if you tick any of the conditions below, please ask your GP to sign overleaf.

Heart or circulatory disease	Yes / No
Raised blood pressure	Yes / No
Respiratory disease	Yes / No
Asthma or wheezing	Yes / No
Hayfever	Yes / No
Epilepsy, seizures or convulsions	Yes / No
Anxiety/stress	Yes / No
Diabetes	Yes / No
Joint or back injuries	Yes / No
Allergies	Yes / No
Heat Stroke	Yes / No
Vertigo	Yes / No
Any other condition?	Yes / No

Have you undergone hospital treatment in the last 12 months? Yes / No

**If you have answered YES to any of the above please give details below:**

.....  
 .....  
 .....

Please list any medication you are currently taking and ensure you bring enough supplies for the length of the event.

.....

**IMPORTANT! Should any of your medical details change after you have submitted this form, please inform the organisers immediately. You will be asked to complete a new medical form. It is vital that you remember to do this for your own safety.**

**DOCTOR'S SIGNATURE**

If you are aged 64 or over or you have a pre-existing medical condition or you have received hospital treatment within 12 months of departure, you must ask your doctor to sign below confirming that you are fit to undertake the challenge.

I confirm that I have read the itinerary my patient is planning to undertake and declare that s/he is medically fit and able to take part in this challenge.

Doctor's Name: ..... GP Practice Stamp: .....

Doctor's Signature: ..... Date: .....

**Next of Kin**

Full Name: ..... Relationship: .....

Full address: .....  
.....  
.....

Postcode: .....

Telephone No: Daytime: ..... Evening: .....

Mobile: .....

**I APPLY TO TAKE PART IN THIS CHALLENGE AND CONFIRM THE FOLLOWING:**

- 1) I have understood the need for fitness and will read the training guidelines and commit to a training programme for the event
- 2) To the best of my knowledge, this is a true and accurate description of my medical history and current condition
- 3) I sign below to allow the organisers to release this information to the first aider accompanying the event to allow him/her to contact my GP for further details
- 4) In the event of illness/accident on the challenge, I hereby give my permission for the first aider to initiate medical treatment and notify my next of kin in case of hospitalisation
- 5) I will advise my insurer of my medical condition. Should I fail to do this, I understand that I will be liable for any medical costs incurred whilst on the challenge as a result of my condition
- 6) I will bring a personal first aid kit.

Signed: ..... Date: .....

**IMPORTANT! Should any of your medical details change after you have submitted this form, please inform the organisers immediately. You will be asked to complete a new medical form. It is vital that you remember to do this for your own safety.**

Please send to:  
Helen Cain c/o St. John's Church, Fleet Road, Hartley Wintney, Hook, RG27 8DE  
hw2parisbikeride@live.co.uk