

Health Questionnaire & Declaration

Your Personal Details

(Please note this form will be destroyed after the delivery / course. It is used in the event you need to be air lifted from the vessel to a hospital)

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

Address:

Details of any medical treatment being received, please note any drugs you are currently taking or carrying:

.....

	Please Circle:
Have you seen a doctor in the last 7 days	Yes / No
Do you have a temperature / sore throat / cough / fever/ flu	Yes / No
Have you been in contact with anyone who has had flu recently	Yes / No
Do you suffer from a bad back:	Yes / No
(Neck, lower or middle back and how bad out of 1-10 (10 is worst)
Have you had an operation / surgery that we should be aware of?	Yes / No
Do you suffer from high blood pressure	Yes / No
Are you pregnant (ladies only)	Yes / No
Do you suffer from any fits	Yes / No
Do you have diabetes	Yes / No
Do you have asthma	Yes / No
Do you have an allergy?
Any heart problems	Yes / No
Can you swim	Yes / No
Do you smoke	Yes / No
What is your doctors name and location:	

An illness / disability will not necessarily prevent you from attending, however, it is essential that the BH MARINE (UK) LLP are made aware of any problems. (Contact your own doctor for advise if necessary). You are advised that boating is a high risk sport and that you have mentioned everything to the master / instructor in charge.

I declare that to the best of my knowledge, I am physically fit, I am not suffering from any serious medical problems, I am not carrying any illegal substances and i will not hold BH Marine UK LLP or B Harris liable for any personal injuries or illnesses whilst on board.

Signature: Date:

In an emergency please contact:

Name:..... Tel No:

