The King's Swimmers
Sunrays
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England

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Medical Assessment Form for 1st April to 6th April 2017
Arenal d'en Castell Menorca

Personal Details

Name			
Nationality			
Address			
Town / City		Postcode	
County / State		Country	
Date of Birth		Gender	
Contact Phone(s)			
Email			
Date Of Birth			

Medical History

Have you ever suffered at any time from any of the following?

1	Ear trouble, earache, discharge or deafness	Yes		No	
2	Sinus trouble	Yes		No	
3	Chest disease, including asthmas, bronchitis, collapsed lung or TB	Yes		No	
4	Attacks of giddiness, blackouts or fainting	Yes		No	
5	Fits, nervous disorders, persistent headaches or confusion	Yes		No	
6	Anxiety, nerves, nervous breakdown	Yes		No	

7	Diseases of the heart and circulation or high blood pressure	Yes		No	
8	Do you suffer from Diabetes	Yes		No	
9	Do you regularly or frequently take any other treatment with or without prescription	Yes		No	
10	Are you currently receiving medical care or have you consulted any Doctor in the past year	Yes		No	
11	Have you ever been refused life insurance or failed a medical examination	Yes		No	
12	Do you smoke	Yes		No	
13	Have you attended or been admitted to Hospital	Yes		No	
14	Is your eyesight outside the normal limits of vision	Yes		No	

Declaration For swimmers under 18 years of age a parent or guardian must also sign this form

I hereby declare that to the best of my knowledge, the information in this form is true, complete and not misleading. I authorise my Doctor to disclose any detail of my past or present medical history if requested to do so by The King's Swimmers.

I also agree that this form and / or information contained on it may be disclosed by The King's Swimmers to the persons directly concerned with my Long Distance Swimming Training Camp.
I declare that I will inform The King's Swimmers in writing of any fact, matter or circumstances arising or becoming known to me after submitting this form which would prevent me from repeating this declaration at any time up to my Long Distance Swimming Training Camp.

Name

Signature

Date

For the Examining Doctor

- The above named person wishes to be examined by a Medical Expert to verify that his or her medical condition, health and fitness is sufficient to attend Long Distance Swimming Camp under the supervision of The King's Swimmers Long Distance Guides and safety support.
- Please ensure that any follow up additional assessments and / or checks are carried

out prior to providing the certification set out in this form, for example you may consider an X Ray or ECG to be appropriate if the applicant has declared on this form a previous history of chest disease.

- The King's Swimmers welcomes swimmers with disabilities, any severe disability does not necessarily rule out participation in any Long Distance Swimming Camp
- Any doubts that you the Medical expert may have about the applicant's medical condition, health and fitness must be resolved before declaring the applicant fit to swim.
- The King's Swimmers cannot be responsible for assisting with any certification or referral, and the provision of any view, opinion or recommendation by any XXXXX employee may not be relied upon.
- This form **MUST BE** completed after the 1st January in the year of your trip

Doctors Details

Name	**Address**
Professional Association	
Association No / Ref	**Town / City**
Contact Phone	**Post Code**
Fax	**County / State**
Email	**Country**

Medical Examination

Name					
Height		Weight		BMI	
Right Ear		Left Ear		Hearing Impaired?	
Nose		Throat		Sinuses	
Respiratory system		Chest X Ray			
Cardiovascular System					
Blood Pressure		ECG			
Abdominal System		Urine Dipstick			
Musculoskeletal system					
Neurological System					

Additional Notes

Doctor's Signature

After examination I consider ……..

Fit ( ) Unfit ( ) Tick as Appropriate

To attend The King's Swimmers Long Distance Swimming Camp

Doctor's Name / Or Stamp

Signature

Dated