

Newent Running Club – Medical Information

Full Name		
Address		
Telephone Number	Home	Mob
Email address		
Next of Kin Name/ relationship		
Address		
Telephone Number	Home	Mob
GP Name		
Address		
GP telephone number		
Medical Information		
Do you have any Allergies?		
Are you experiencing any health problems? Eg Asthma or any heart problems?		
Are you taking any medication that may affect training with the running club? Please include Inhalers etc		
Do you have any current injuries?		
Is there anything else the running club should know about your health?		

Newent Running Club – Medical Information - continued

I certify that to the best of my belief the answers given are true and complete. I understand that the medical information gained from this questionnaire and any subsequent investigation remain confidential.

I declare I am mentally and physically fit to train with the running club.

I will inform the running club of any changes to my Medical Information.

Signed

Dated