



Hampshire Junior Squash Medical Questionnaire

Participants Name.....

Has the participant had any of the following?

Asthma or Bronchitis	Yes	No	Allergies to any known medication	Yes	No
Heart condition	Yes	No	Any other allergies e.g. plasters	Yes	No
Fits, fainting or blackouts	Yes	No	Travel sickness	Yes	No
Severe headaches	Yes	No	ADD	Yes	No
Diabetes	Yes	No	Regular medication being prescribed	Yes	No

If the answer to any of these questions is yes, please give details.....

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If its considered necessary, do you agree to mild painkillers (e.g. paracetamol) being given	Yes	No
Has the participant received vaccination against Tetanus in the last 10 years	Yes	No
Is the participant receiving medical or surgical treatment of any kind from their family doctor or Hospital	Yes	No
Has the participant been given specific medical advice to follow in emergencies	Yes	No

If the answer is yes to either of the last two questions, please give details here (including name and dosage of any medication).....

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In the event of any illness or medical treatment occurring after the return of this form, and prior to the activity, I undertake to inform the Group leader of person in charge of the event

Signed.....(for participants under 18 years of age)

Print name.....

Relationship to participant.....

Signed.....(for participants age 18 years or over)

Participant

Print name.....