

Medical Declaration Form

Private and Confidential



The following questionnaire should be completed by all participants.

PLEASE PRINT DETAILS

Title: _____ Surname: _____

Forename: _____ Date of birth (dd/mm/yy)

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Home address: _____

_____ Telephone number (day): _____

GP's name _____

GP's address _____

_____ GP's telephone number: _____

In the event of an emergency on London Marathon Day 2011, please contact:

Title: _____ Forename: _____ Surname: _____

Telephone number (day): _____ (Mobile/evening) _____

Please state whether you have suffered/are suffering from any of the following:

		NO	YES	IF YES PLEASE GIVE DETAILS *
1	Asthma or any condition affecting the lungs or throat.			
2	Blood pressure, palpitations, shortness of breath, chest pain or any condition of the heart.			
3	Fits, fainting, black-outs or any disease of the nervous system.			
4	Any condition affecting the ears and eyes or any defect of hearing or sight.			
5	Any accident, physical defects, disc, hernia or back trouble.			
6	Complaints of the arm, hand or shoulder caused by strain of muscles, tendons or joints.			
7	Allergy to any drugs or specific substances.			
8	Are you currently receiving any medical treatment and/or taking any medication?			
9	Any illness or conditions not already mentioned.			

* Please give details of dates and levels of treatment. If you need more space, please write on the back of this form, stating which number(s) the details correspond to.

PLEASE NOTE: If you answer yes to any of the questions above and in any way believe that your ability may be impaired because of it, please seek the advice of your GP before accepting your Golden Bond place.

Please tick this box to confirm that you have sought and received permission from your GP to take part in this event (if relevant).

Participant's signature:

Date:

Please return signed and completed to: Lorraine Densham, Fundraising Coordinator, Deafblind UK, Cygnet Road, Hampton, Peterborough PE7 8FD