MIDDLESEX FA WALKING FOOTBALL FESTIVAL

MEDICAL FORM

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NO PERSON WILL BE ALLOWED TO PARTICIPATE AT THE EVENT WITHOUT A SIGNED & COMPLETED MEDICAL FORM**  PLEASE COMPLETE IN BLOCK CAPITAL LETTERS | | | | | | | | | |
| **FIRST NAME:** | | **LAST NAME:** | | | | | | | |
| **D.O.B.:** | | **MALE** | | | |  | **FEMALE** | |  |
| **HOME ADDRESS:** | | | | | | | | | |
|  | | **POSTCODE:** | | | | | | | |
| **CONTACT TELEPHONE NUMBER:** | | | | | | | | | |
| **DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY?** | **YES** | | |  | **NO** | | | |  |
| **IF YES, WHAT IS THE NATURE OF THE IMPAIRMENT?** | **PHYSICAL** | | |  | **LEARNING** | | | |  |
| **HEARING** | | |  | **VISUAL** | | | |  |
| **CURRENT STATUS** (Please Circle): | **FIT** | | **UNSURE** | | | | | **ILL/INJURED** | |
| **MEDICAL INFORMATION** (Medication/allergies etc.): | | | | | | | | | |
|  | | | | | | | | | |
| **EMERGANCY CONTACT NAME:** | | | | | | | | | |
| **EMERGANCY CONTACT NUMBER:** | | | | | | | | | |
| I can confirm that I understand the above and that the information I have provided on this form is correct to the very best of my knowledge.  I can confirm that I am well & healthy to partake in physical exercise and understand that it is my responsibility to seek the advice and approval of my doctor before undertaking regular exercise. | | | | | | | | | |
| **SIGNATURE:** | | **DATE:** | | | | | | | |