

Club Officials Medical Form

It is necessary for Club Officials of the above organisation to complete this form annually on renewal of membership. Exceptional fitness is not essential; both men and women can participate in water-based activities safely providing they are reasonably fit. Surf club activities can at times involve heavy physical exertion. Moreover, in the UK, the water can occasionally be a cold and hostile environment and it commands a high level of respect and responsibility to ensure your own safety and that of other members. If you have any queries then please seek medical advice.

Please read carefully before completing this Self–Declaration Form. Participants answering "Yes" to any question below, or who are unsure on any area should delete answer a) and sign. They then must seek advice from their GP. The Club may require a statement from your GP.

The Club will retain your completed Declaration of Fitness to participate, this form will be kept in your Qualification Record and CPD file for reference purposes.

I authorise any doctor who has attended me to disclose my medical history if required. Delete a) or b) following as appropriate.

- a I hereby declare that my response to all the questions is "No" and that to the best of my knowledge, I am in good general health and declare that I have not omitted any information which might be relevant to my fitness for participation in the Surf Life Saving Club.
- b The answer to one or more of the above questions is "yes". I have notified the Medical Referee whom I have asked to endorse this form

Signed	_
Date	
(Signature of Parent or Guardian if under the age of 18)	













For completion by Medical Person if required by applicant

Please delete where applicable

- a) In light of verbal statements made to me I hereby endorse this self-declaration form on behalf of the applicant
- b) Having examined the applicant, I am in agreement that the participant is fit to undertake water and beach based activities for Mullion Surf Life Saving Club.

Signature of Medical Person
Please print:
Date

VALIDITY & STORAGE This Form is valid for one year only unless certified for a longer period by the medical referee. Any changes in health must be declared as this may affect your fitness to participate in water/beach activities during club time. Completed forms must be kept by the Club during their period of validity. The information on this form is confidential and will be kept in accordance with the Data protection Act (1998). It will be kept securely and is only accessible by the Chairperson and safeguarding officers of the club.

Date completed Expiry Date



