

Medical Declaration & Next of Kin Details

Course	RYA Inland Waterways Helmsman
Date of Course	

Personal Details

Name	
Address	
Date of Birth	
Telephones	

Please give details of any medical condition (whether requiring treatment or not) that may affect your taking part in the course or acting as a helmsman:

Please give details of any known allergies:

I confirm that I am fit to undertake the course and the role of Helmsman. I agree to inform the course instructor if I, or any other person with whom I have had close contact, is known to have any infectious disease within the 21 days prior to the course. I also agree to inform the course instructor of any medical treatment received within the 7 days prior to the course.

I consent to any emergency treatment, including the use of anaesthetics, necessary during the course.

Medical Details

National Health Service Card Number	
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Date of Last Tetanus Immunisation	
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Special Dietary Requirements:

Name of Doctor	
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Address	

Telephone	
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Next of Kin Details

In the event of an emergency please contact (one of) the following:

Name	
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Address	

Telephone	
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Relationship	
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Name	
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Address	

Telephone	
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Relationship	
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Signature	
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Print Name	
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Date	
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