

**CYCLING TOUR 2016 - MEDICAL RELEASE FORM****Section A**

(Please print clearly)

Name:	_____	Surname:	_____
Date of Birth:	_____	ID Card No.:	_____
Family Doctor:	_____	Family Doctor Contact No.:	_____
Medical Insurance: (e.g. Elmo Ins.)	_____	Type of cover: (E.g. Private Hospital)	_____
Policy No.:	_____	Insurance Contact No.: (24h emergency line if available)	_____
Blood group: (if known)	_____		

Note: If you are not covered by a travel/medical insurance policy, please ensure that you are in possession of a valid EHIC (European Health Insurance Card).

Applicant's Declaration:

I hereby declare that, to the best of my knowledge, the information provided in Sections A and B of this form is correct. I declare that I am physically capable of participating in the EFRU Cycling Tour 2016 event and have the necessary skills such that my participation will not pose any undue risk to myself or others.

I assume all responsibility for ensuring that I am in possession of valid medical insurance and all necessary personal medication and will not share this medication or leave it easily accessible to third parties.

In the event that I require medical treatment and am unable to consent to or arrange such treatment, I authorise the EFRU to organise any emergency treatment deemed necessary, including my transfer to any hospital reasonably accessible. I understand that the Emergency Fire and Rescue Unit is not liable, and will not assume responsibility, for any injury or damage that may arise out of or in connection with such emergency medical treatment.

Signature_____
Date**Section B – Medication and Lifestyle**

(Please print clearly)

Are you:	Yes	No
- (Women) pregnant or is there a possibility that you might be pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
- using or do you have a history of tobacco use?	<input type="checkbox"/>	<input type="checkbox"/>
- using or do you have a history of illegal drug use?	<input type="checkbox"/>	<input type="checkbox"/>
- at risk of fainting/falling?	<input type="checkbox"/>	<input type="checkbox"/>
- taking any medication (prescription or over-the-counter)?	<input type="checkbox"/>	<input type="checkbox"/>

Please list all medication that you are taking – both long-term and short-term.



Section C – to be filled in by the Family Doctor

(Please print clearly)

Health History					
Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Allergies If yes, please provide further details below.	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	<input type="checkbox"/>	Asthma/Lung problems	<input type="checkbox"/>	<input type="checkbox"/>	History of back pain
<input type="checkbox"/>	<input type="checkbox"/>	Visual impairments	<input type="checkbox"/>	<input type="checkbox"/>	Hypertension
<input type="checkbox"/>	<input type="checkbox"/>	Bone or Joint problems	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric Disorders
<input type="checkbox"/>	<input type="checkbox"/>	Cardiac disease/problems	<input type="checkbox"/>	<input type="checkbox"/>	Seizures/Epilepsy/Fainting spells
<input type="checkbox"/>	<input type="checkbox"/>	Recent hospitalisation/operation	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

In the space below, please describe the type of allergies the participant suffers from and the severity of the allergies. Also indicate whether the participant is in possession of an Epinephrine/Adrenaline autoinjector (e.g. EpiPen®).

If necessary, please provide further relevant details of the applicant's health history in the space below.

Is the applicant affected by any medical condition that:	Yes	No
- will impair their performance?	<input type="checkbox"/>	<input type="checkbox"/>
- may require emergency medical or First Aid attention?	<input type="checkbox"/>	<input type="checkbox"/>
- cause them to be a threat to others? (e.g. psychiatric/emotional/behavioural/contagious)	<input type="checkbox"/>	<input type="checkbox"/>

Family Doctor's statement:

I have reviewed the above information (including Sections A and B) and have examined the applicant. I have found **him/her** to be **fit/not fit** enough to participate in the approx. 300 km EFRU Cycling Tour 2016 event that will be held on the 6th and 7th May 2016.

Comments: _____

Signature/Stamp

Date