



Sydney Lodge, MacDonald Road, Lightwater, Surrey, GU18 5YA

Venture Force - Client Medical History

Please complete the Venture Force Medical Form and return, together with the Booking Form, to the postal address listed above.

Please tick appropriate box. Should you answer yes to any of the following questions then you will be required to contact your General Practitioner to provide clearance for you to undertake one of our expeditions.

Do you, or have you ever suffered from any of the following conditions:

Asthma, Epilepsy, or Diabetes (if yes please specify which)? Yes No

Have you any chronic or recurring joint or limb problems? Yes No

Have you ever had back trouble? Yes No

Have you any experience of a heart condition? Yes No

Do you suffer from any allergies? (If so specify which) Yes No

Do you, or are you required to take any regularly or intermittently?
(If so provide full details on a separate sheet) Yes No

Have you suffered from any psychiatric condition or depression?
(If so provide full details on a separate sheet) Yes No

Do you have any objections to any forms of treatment?
(If so provide full details on a separate sheet) Yes No

Do you have any dietary requirements? Vegetarian, Kosher etc
(If so please specify)..... Yes No

Please set out on separate sheet any other matter, ailment or other medical conditions or circumstances that are not covered by the above questions and which may be relevant.

Declaration by Client: "To my knowledge, the details given above, by me, are true and accurate"

Name Signature

Date