

### Medical Form

*(To be filled in by General Practitioner)*

Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Adventure Programme: \_\_\_\_\_

#### General Medical History

- Asthma or any other lung disease
- Diabetes (if ticked:  Type 1  Type 2)
- Heart or any other cardiac conditions
- Joint Problems
- Muscular conditions
- Ever experienced dizziness, fainting or blackouts
- Taking prescription medications
- Allergies
- Other health conditions

If any boxes are ticked kindly specify:

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Physician Consent:  Yes  No

If **YES** please fill in declaration below:

I \_\_\_\_\_ Med. Reg. No. \_\_\_\_\_ declare to have examined  
\_\_\_\_\_ and found him/her medically fit to participate in the  
activities organized by Whiz Ltd with no risks to his/her health.

*Signature and Stamp.* \_\_\_\_\_