HEALTH REGISTRATION FORM

The information on this form will be treated in confidence. However, if any aspect of your health is likely to affect your safety or the safety of other team/club/society members, then the information will be passed to the appropriate person in charge. **PLEASE PRINT IN CAPITAL LETTERS**

Name:.....Address:.....

.....Tel:.....

Student No:..... Faculty:.....T/C/S Name:.....

Date of Birth:..... Age:.....

Contact Name in case of Emergency:..... Relationship:.....

Address:.....

.....Tel:.....

Consent for USWSU to contact the above: ☐ ☐ Signed:.....

Do you have/have you previously had any of the following?

Asthma	☐ ☐	Hepatitis	☐ ☐
Diabetes	☐ ☐	Epilepsy/Convulsions	☐ ☐
Heart Problems	☐ ☐	High Blood Pressure	☐ ☐
Tuberculosis	☐ ☐	Periods of Unconsciousness	☐ ☐

If you have answered 'Yes' to any of the above, please specify: .....

.....

Are you pregnant? ☐ ☐ Date of last Tetanus Boost; ..... Advised to Check ☐

Are you allergic to any of the following?

Penicillin;	☐ ☐	Other antibiotics;	(specify) .....
Bee/Wasp stings;	☐ ☐	Other Insect bites;	(specify).....
Sulphonamides;	☐ ☐	Other; (specify).....	

Do you receive allergy shots? ☐ ☐

Do you have any physical difficulties which might limit your participation in physical activities? If 'Yes', please specify:.....

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If there is any information regarding your health that we would need to know about in an emergency, please explain it to the Student Activities Co-ordinator, or have your Doctor do it on your behalf.

Name of GP:.....Surgery Name:.....

Address: .....

.....Tel:.....

Declaration

In signing this form, I confirm that all the information provided is true. I agree to inform the University of South Wales Students' Union immediately if any of the details change. I hereby give my consent for any medical treatment deemed necessary to be administered in the event of illness or injury occurring during activities (including, but not limited to training, practice, matches, travel, tour, competition) organised by or on behalf of the University of South Wales Students' Union. I understand that insurance taken out on my behalf will be invalid if I fail to declare any pre-existing condition.

Signed:..... Date:.....

Signed:..... Date:.....