

**Health Declaration Form**

|                |                    |                      |               |
|----------------|--------------------|----------------------|---------------|
| <b>Surname</b> | <b>Forename(s)</b> | <b>Date of Birth</b> | <b>Gender</b> |
|----------------|--------------------|----------------------|---------------|

**This form is required if you currently, or have ever, suffered from any of the conditions listed below:**

Allergies, asthma, behavioural problems, blackouts, chest conditions, diabetes, ear or sinus problems, epilepsy, fainting, headaches, heart conditions, muscular/skeletal problems, vision problems, any previous major illness, any previous major injury, any condition not listed above.

**A separate TG Form 23 is to be completed for each medical condition to be declared.**

**Condition Declared:**

**Medication(s)**

| <b>Name</b> | <b>Dosage &amp; Frequency</b> | <b>Storage Requirements</b> |
|-------------|-------------------------------|-----------------------------|
|             |                               |                             |

**How are you affected by the condition during normal routine activities:**

**How are you affected by the condition during strenuous activities:**

**Have you sought advice from a healthcare professional about your condition in relation to this activity?**

**If Yes, give details of advice given:**

**Additional information / comments regarding the management of your condition:**

**Declaration**

I fully understand that the activities may be strenuous and conducted in environmental conditions such as dust, fumes, extremes of temperature and altitudes that may aggravate my condition. I confirm that I have consulted a healthcare professional if there is any doubt regarding my suitability of the activity or my fitness / ability to take part in the activity.

Should there be any change in my condition after signing this declaration, I will inform the office in charge of the activity prior to travelling to the activity.

**If travelling overseas:** I understand that I must give full details of any conditions for which I have been treated in the preceding twelve months of any overseas activities.

**CFAV/Cadet below age 16 (at date of Signature):**

**Name in BLOCK Letters** (parent / guardian):

\_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_ / \_\_\_ / \_\_\_

**CFAV/Cadet aged 16 or above (at date of Signature):**

**Name in BLOCK Letters** (cadet if aged 16 when signing):

\_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_ / \_\_\_ / \_\_\_