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|  | OFFICIAL (SENSITIVE) – PERSONAL DATA | TG Form 23 |

**Health Declaration Form**

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| **Surname** | **Forename(s)** | **Date of Birth** | **Gender** |

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| **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.** |

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| **Condition Declared:** |

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| **Medication(s)** | | |
| **Name** | **Dosage & Frequency** | **Storage Requirements** |
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| **How are you affected by the condition during normal routine activities:** |
| **How are you affected by the condition during strenuous activities:** |

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| **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:** |

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| **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:**    **/**    **/** |