

Andover BMX Raceway
Medical Health History Form

Name.....

Address.....

.....Postcode.....

Date of birth...../...../.....

Guardians Name & Address (if under 16).....

Home Phone Number.....

Emergency Contact & Number.....

Doctors Details (including Phone no).....

Do you have or have you had any of the following:-

	Yes	No
Asthma/Breathing Difficulties		
Heart Condition		
Fainting/Dizziness		
Seizures/Epilepsy		
History of Head Injury		
Allergies		
Broken Bones		
Any Ongoing Medical Problems		
Taking Any Medications		
Significant Past Illnesses		
Surgery in the last 12 months		

If you have answered Yes to any of the questions above please give details.....

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Signed.....(Parent/Guardian if applicable)

Date..... **(please inform us if anything changes)**

All information will be held **IN STRICTEST CONFIDENCE** for use only in the event of an accident. Information held as required under the Data protection act 1998 (C29) part II (7).