

**Health Declaration Form**

<b>Surname</b>	<b>Forename(s)</b>	<b>Date of Birth</b>	<b>Gender</b>
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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.**

**Condition Declared:**

Medication(s)		
Name	Dosage & Frequency	Storage Requirements

**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.

<p><b>CFAV/Cadet below age 16 (at date of Signature):</b></p> <p><b>Name in BLOCK Letters</b> (parent / guardian):</p> <p>_____</p> <p><b>Signature:</b> _____ <b>Date:</b> ___ / ___ / ___</p>	<p><b>CFAV/Cadet aged 16 or above (at date of Signature):</b></p> <p><b>Name in BLOCK Letters</b> (cadet if aged 16 when signing):</p> <p>_____</p> <p>–</p> <p><b>Signature:</b> _____ <b>Date:</b> ___ / ___ / ___</p>
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**Data Protection Act**  
 DPA 2018. This form contains personal data as defined by the DPA 2018. The RAFAC will protect the personal data provided and ensure that it is not passed to anyone who is not authorised to see it. The information provided will be processed in accordance with the regulations contained in the Act and the RAFAC privacy notice which is available at the links below:

