

RESTRICTED – MEDICAL  
(when completed)

**CADET AND STAFF ACTIVITIES HEALTH QUESTIONNAIRE**

**This should be completed if any box on CC FORM 3 has been ticked or other conditions eg allergies have been declared.**

Surname:	Forenames:	Date of Birth:
----------	------------	----------------

Condition being declared:

Medication being taken:	Name:
	Dosage:
	Storage requirements:

Do you carry/need any emergency medication?

If Yes give details:

How are you affected by the condition by normal routine activities?

How are you affected by the condition during strenuous exercise?

Have you sought advice from your doctor/nurse about your condition in relation to the activity? Yes/No  
If yes give details of comments/advice given.

Any additional information/comments which will help you manage your condition during the activity.

If you are proceeding overseas and you have had treatment for an ongoing medical condition in the last 12 months. please give further details:

I fully understand that the activities may be strenuous and conducted in environmental conditions such as dust, fumes, extreme temperatures and altitudes that may aggravate my condition. I confirm that I have consulted my doctor if there is any doubt regarding the 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 questionnaire I will inform the Officer in Charge of the activity or the OC Sqn/Wing HQs concerned prior to travelling to the activity.

Signature of participant:

Date:

Signed:

Person having parental responsibility for a cadet under 16 years of age)

RESTRICTED – MEDICAL  
(when completed)