



Medical Declaration Form

Common sense is your best guide when you answer these questions.

Please complete your health declaration form in full & read the questions carefully and answer each one honestly: YES / NO

		YES	NO
1	Do you have any condition that affects your physical ability to walk, balance, bend or kneel?	<input type="checkbox"/>	<input type="checkbox"/>
2	Do you have any condition that might make you disorientated or become confused?	<input type="checkbox"/>	<input type="checkbox"/>
3	Do you have any condition that affects your hearing in any way (after correction with a hearing device)?	<input type="checkbox"/>	<input type="checkbox"/>
4	Do you lose your balance because of dizziness or do you ever lose consciousness?	<input type="checkbox"/>	<input type="checkbox"/>
5	Do you have any condition that affects your eyesight in any way (after any lens correction)?	<input type="checkbox"/>	<input type="checkbox"/>
6	Do you have any condition that causes excessive drowsiness?	<input type="checkbox"/>	<input type="checkbox"/>
7	Do you have epilepsy or any other condition that causes blackouts, fits or fainting?	<input type="checkbox"/>	<input type="checkbox"/>
8	Any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>
9	Asthma or any other breathing difficulties?	<input type="checkbox"/>	<input type="checkbox"/>
10	Any other condition that we should be made aware of prior to your journey?	<input type="checkbox"/>	<input type="checkbox"/>
11	Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
	If Yes to any of the above, please give details:		

I have read, understood and accurately completed this medical declaration form.

Passenger Name	Skippers Name
Signature	Signature
Date	Date



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