

**RDYC / BH MARINE LLP**  
Health Questionnaire & Declaration

**Your Personal Details**

(Please note this form will be destroyed after the delivery / course)

Name:.....Date of Birth:.....

Address:  
.....  
.....

Details of any medical treatment being received, please note any drugs you are currently taking or carrying:  
.....

	Please Circle:
Have you seen a doctor in the last 7 days	Yes / No
Do you have a temperature / sore throat / cough / fever	Yes / No
Have you been in contact with anyone who has had flu recently	Yes / No
Do you suffer from a bad back	Yes / No
Do you suffer from high blood pressure	Yes / No
Are you pregnant (ladies only)	Yes / No
Do you suffer from any fits	Yes / No
Do you have diabetes	Yes / No
Do you have asthma	Yes / No
Any heart problems	Yes / No
Can you swim	Yes / No
Do you smoke	Yes / No

When was the last time you were checked out by a doctor, date: .....

What is your doctors name and location: .....

When was your last tetanus injection update, only if know, date: .....

Blood group only if known: .....

An illness / disability will not necessarily prevent you from attending, however, it is essential that the RDYC / BH MARINE are made aware of any problems. (Contact your own doctor for advise if necessary) In the unlikely event of a problem on board we are pleased to tell you that your delivery skipper / instructor is fully medically trained by the RYA / MCA to a current high standard.

I declare that to the best of my knowledge, I am physically fit, I am not suffering from any serious medical problems, and I am not carrying any illegal substances.

Signature: ..... Date: .....

**In an emergency please contact:**

Name:..... Tel No: .....

BH Marine LLP: 84 Portland Road, Wyke Regis, Weymouth. DT4 9AB. RDYC: 11 Custom House Quay, Weymouth. DT4 8BG