

**Bristol Orienteering Klub**  
**Medical Declaration Form**

v2. June 2019

<b>Name</b>	<b>Age</b>	<b>Pregnant</b>
		<b>YES/NO</b>

**What medical condition(s) would you like to declare?**

A)

B)

C)

**How might these conditions affect your health?**

A)

B)

C)

**Do you carry any emergency medications (e.g. adrenaline autoinjector/glucose)? Please list:**

**If yes, where can they be found?**

**Do you take any routine medications? Please list if relevant:**

1)

2)

3)

4)

5)

6)

**Do you have any allergies?**

**Have you recorded your Emergency Contact Details either on the Fabian computer entry system, or on your entry form?**

Yes

No

**Any additional Information:**

BOK cannot record or store this type of information. This form will be destroyed within 24 hours after the event and the information must be re-supplied for each run.