



Adult Information Form

This form has been devised for your safety. Having this information available will enable us to be better prepared should you be injured or taken ill during the competition. It can be filled in on screen and printed out or printed first and completed by hand. Please hand it in at event centre.

PERSONAL DETAILS

Name:		Date of birth:	
		Mobile number during event:	
Home address:		NHS number:	
		Unit name:	

EMERGENCY CONTACT DETAILS

During the Apex Challenge please contact in case of emergency:

Name of first contact:		Name of second contact:	
Relationship:		Relationship:	
Telephone(s):		Telephone(s):	

MEDICAL INFORMATION

This section relates to any relevant medical history and your current situation:

Doctor's name:		Tel: (inc. code)	
Doctor's address:			
Infectious conditions the person has been in contact with in the 21 days before the Apex Challenge:			
Details of medication required during event:			
Known allergies:			
Date of last anti-tetanus injection:			
Do you suffer from asthma? (Enter YES/NO)			
Do you have an injury which prevents you from taking part in physical activity? (Enter YES/NO)			
Please detail any recent injuries which may affect your physical ability or which may recur.			

DECLARATION

This is to certify that, to the best of my knowledge, the information on this form is correct, complete and up-to-date.

Signed:		Date:	
---------	--	-------	--

For more information go to www.apexchallenge.co.uk

www.apexchallenge.co.uk

