



Medical Disclosure Form (November 2015)

Confidentiality

Information disclosed within the document will be treated in the strictest of confidence, in line with the Data Protection Act.

PLEASE COMPLETE ONE MEDICAL DISCLOSURE FORM FOR EACH SWIMMER

Please indicate (by ticking as appropriate) if you are completing this medical disclosure as:

Swimmer or Swimmer's Parent/Guardian .

Swimmer's Name

General Practitioner

Name: Dr..... Practice Name:.....

Practice Tel Number:.....

Health Screening

Please read through ALL questions Please indicate by circling as appropriate

1. Do you take any medication on a regular basis? Yes No If yes, please provide details:

.....

2. Have you ever had one or more of the following?

PLEASE NOTE: IF ANSWERING 'YES' TO ANY OF THE QUESTIONS **A – F**, A GENERAL PRACTITIONER CONSENT FORM IS REQUIRED BEFORE TRAINING CAN COMMENCE OR CONTINUE:

A. A heart attack? Yes No

B. Pain under your breastbone, down your arm or into your jaw whilst exercising? Yes No

C. A stroke? Yes No



- D. High blood pressure (over 140/90)? Yes No
- E. Convulsions? Yes No
- F. Blackouts or dizzy spells? Yes No

3. Please read through the following questions below and circle **Yes** or **No** for each question. Where a **Yes** is disclosed, please provide further information relating to the **Yes** answer in the space provided below. For all answers, you may wish to use the continuation page provided to expand the explanation or to assist coaching staff:

Have you ever had one or more of the following?

- Diabetes Yes No
- Hypoglycaemia Yes No
- Asthma Yes No
- Other lung conditions (please specify):
- Arthritis Yes No
- Stomach/bowel problems Yes No
- Back pain/strain Yes No
- Musculo-skeletal problems
(e.g. tendonitis, joints, stress fractures) Yes No

If answering 'yes' to any of the above, please give details for the coaching team to be aware of (or use the continuation sheet provided):

.....

.....



4. Are there any medical allergies we need to be aware of? Yes / No

If answering 'yes' to any of the above, please give details for the coaching team to be aware of (or use the continuation sheet provided):

.....

Learning Information

In order for the coaching team to effectively pass on information, it is important for them to know of any special requirements relating to learning. Please read through the following questions and answer appropriately (using the attached continuation sheet if necessary).

Have you any of the following needs?

Visual impairment –

Glasses	Yes	No
Contact Lenses	Yes	No
Colour Blind	Yes	No

Other (please specify)

Hearing Impairment –

Hearing difficulty?	Yes	No	Right / Left (delete as appropriate)
Hearing aid	Yes	No	Right / Left (delete as appropriate)
Other (please specify)			



Learning Aid -

Learning Disabilities that need to be taken into account by coaching staff? Yes No

If yes, please provide more details on how the coaching staff should best accommodate (please use the continuation sheet if necessary):

.....
.....

DECLARATION

I have read and understood the above questions, and to the best of my knowledge answered them correctly and accurately. I agree to notify YDSC of any changes in my/my child's health that could affect the answers that I have given.

Swimmer's Name:

Swimmer's/Parent's Signature:
(Delete as appropriate)

Date:



Medical Disclosure Form Continuation Sheet

Please use this sheet to expand on any of the answers you have given in response to the medical disclosure above. Please clearly indicate to which question/s the comments relate.



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