



HEALTH DECLARATION

To be completed by all course participants.

By declaring any illnesses or medical conditions you will not necessarily be prevented from taking part in a course, but it is important that both the Principal and instructor are aware of any potential health issues.

I declare, to the best of my knowledge and belief that I'm not suffering from asthma, diabetes, giddy spells, epilepsy, disability, or angina and that I'm fit to participate in the course. I'm aware that I must bring any medication with me on the course.

Iam receiving the following medical treatment. (If none please write none.)

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Swimming Ability (Please tick):

Good..... Medium..... Poor..... Non Swimmer.....

Signature: Date:

Course:

Course date: