



**YACHTING**  
**SOTOGRADE**



HEALTH DECLARATION FORM

TO BE COMPLETED BY ALL COURSE PARTICIPANTS, SIGNED AND RETURNED

(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 below stated course.

I'm aware that I must bring any necessary medication with me on the course.

I, (name)..... am receiving the following medical treatment. (If none, please state none)

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Swimming Ability (Please tick as appropriate)

Good  Medium  Poor  Non-Swimmer

Signature:

.....

Course Name:

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Course Dates:

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