

It is for your own safety that we find out as much as possible about your medical history to ensure that we are aware of all medical needs. Your answers will be treated in the strictest confidence and will not necessarily adversely affect your chance to take part in the nominated Rehabilitation Adventure Challenge or Equine Therapy activity.

The information you supply will only be disclosed to Mates4Mates staff who are responsible for supporting the activity and any service providers engaged by Mates4Mates to facilitate this activity on our behalf.

It is one of the conditions of your acceptance onto any Mates4Mates activity that you give full and accurate details. Depending on your disclosed medical conditions, we may require further information for example, if you have diabetes or epilepsy.

## 1. PERSONAL DETAILS

**Full name:** .....

**D.O.B:** ..... **Age:** .....

**Daytime phone:** ..... **Work / mobile:** .....

**Email address:** .....

## 2. EMERGENCY CONTACT DETAILS

Please nominate a family member or friend over 18 years old who is not on this activity with you.

**Name:** ..... **Relationship:** .....

**Mobile phone:** ..... **Home phone:** .....

**Email address:** .....

## 3. PERSONAL MEDICAL HISTORY

**Height:** ..... **Weight:** .....

**Do you suffer, or have you ever suffered from:**

Heart trouble and/or blood pressure problems  Yes  No

Asthma, bronchitis, respiratory illness and / or shortness of breath. If so,  Yes  No

a) When was the last time you needed hospital treatment? .....

b) When was the last time you needed steroid tablets? .....

c) What medication/inhalers do you use? .....

Epilepsy and/or fainting attacks (Additional information may be required)  Yes  No

Diabetes (Additional information may be required)  Yes  No

Migraine  Yes  No

Severe head injury (Please provide details over the page)  Yes  No

Cancer  Yes  No

Back problems/spinal problems  Yes  No

Allergies e.g. bee stings, penicillin, peanuts or other food intolerances (Please provide details over the page)  Yes  No

- Fractures, tendon, ligament/cartilage damage  Yes  No
- Physical or other disability  Yes  No
- Fits, seizures or panic attacks.  
(Please provide details below)  Yes  No
- Psychiatric or mental illness  Yes  No
- Have you been hospitalised within the last 12 months?  
(Please provide the reason for admission, when it was and the treatment you required below.)  Yes  No
- Is your tetanus vaccination current?  Yes  No
- Are you suffering from or a carrier of any infectious diseases?  Yes  No
- Are you registered as disabled?  Yes  No
- Any other serious illness?  Yes  No
- Do you wear glasses and/or contacts or have any vision problems?  Yes  No
- Do you wear a hearing aid or have any hearing problems?  Yes  No
- Do you have any speech/communication problems?  Yes  No
- What is your blood type

**If you have answered YES to any questions above, please give further details below or on a separate sheet.** (Include the cause, how long you have had the problem and how it affects you)

**Do you regularly and/or currently use any form of medication (prescribed and over the counter)?**  
(Please give details below of the dose and how often you need to take them)

Medication Name	Dose	Frequency
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

## 4. MOBILITY

---

**Do you have any problems walking?**

Yes  No

If you normally use aids to help you walk, please provide further details.

**Do you use a wheelchair?**

Yes  No

If yes, please provide further details

### **Transferring**

Do you ever use any aids to help you transfer?

Yes  No

Please provide further details of any assistance you require. (Please specify if you use grab rails, sliding board, hoist etc.)

### **Balance**

Do you ever have any problems with your balance?

Yes  No

If yes, please provide details including under what conditions/circumstances

Are you able to walk on uneven circumstances?

Yes  No

Are you able to climb stairs or ladders?

Yes  No

### **Strength**

Do you have any difficulty using your hands, arms or legs?

Yes  No

Do you have any weakness of grip?

Yes

No

If yes, please provide details.

**Personal care**

Do you need a carer or require assistance with eating, washing, showering, dressing, using the toilet etc.?

Yes

No

If yes, please provide details.

**5. GENERAL WELLBEING**

---

**Is there any other information you feel we need to know regarding your medical health and wellbeing?** (Please give details below)

**6. DIETARY REQUIREMENTS**

---

**Do you have any specific dietary requirements / food allergies?**

Vegetarian

Vegan

Gluten free

Dairy free

Allergy

Diabetic

Other

.....  
.....

**7. EXERCISE / FITNESS**

**Please list the activities or sports you do at present**

(E.g. walking, weights, aerobics, ball sports, swimming, recreational activities)

Description	Frequency	Duration	Level of intensity			Length of participation (mth/yrs)
.....	.....	.....	<input type="checkbox"/> easy	<input type="checkbox"/> moderate	<input type="checkbox"/> hard	.....
.....	.....	.....	<input type="checkbox"/> easy	<input type="checkbox"/> moderate	<input type="checkbox"/> hard	.....
.....	.....	.....	<input type="checkbox"/> easy	<input type="checkbox"/> moderate	<input type="checkbox"/> hard	.....
.....	.....	.....	<input type="checkbox"/> easy	<input type="checkbox"/> moderate	<input type="checkbox"/> hard	.....
.....	.....	.....	<input type="checkbox"/> easy	<input type="checkbox"/> moderate	<input type="checkbox"/> hard	.....
.....	.....	.....	<input type="checkbox"/> easy	<input type="checkbox"/> moderate	<input type="checkbox"/> hard	.....

**8. AGREEMENT & SIGNATURES**

**Important:** Please read carefully before signing

- In the event of an accident or illness whilst on the activity / program, I hereby give permission for Mates4Mates, including the program provider, to initiate medical treatment and to inform my emergency contact (as detailed on page 1) if appropriate.
- To the best of my knowledge I confirm that the information I have provided in this questionnaire is a true and accurate description of my medical history and current condition. I understand that by giving false information I endanger both my own safety and that of others on the activity / program. I agree to take with me sufficient supplies of medication needed for my current medical condition and for any condition which I have had previously which may reasonably be expected to re-occur.
- I understand that Mates4Mates cannot accept any liability or expenses resulting from any illness, injury or other untoward occurrence arising from any undisclosed medical condition (other than to the extent that death or personal injury arises as a result of its negligence). I also understand that failure to disclose a pre-existing medical condition could invalidate insurance cover and that I am responsible for declaring any pre-existing medical conditions to Mates4Mates prior to commencing the activity / program.
- I confirm that I will immediately inform Mates4Mates of any change to the information I have provided on this medical questionnaire.
- I give permission for Mates4Mates to contact my treating health practitioner/s for clarification of my listed conditions (we will advise you before contacting them).

Name: ..... Signature: ..... Date: .....

**Please note: have your medical practitioner complete the form over the page.**

**SAILING PROGRAM**

Medical form to be completed by the family doctor/physician who has access to the patient's medical history.

The person named overleaf has applied to take part in a seven day adventurous sailing activity aboard a tall ship (from Brisbane to Sydney). The ship has been specially designed and built to enable everyone from wheelchair users and amputees, to the fully able-bodied, to be involved in every aspect of ship life, 24-hours a day, including setting the sails, climbing aloft, helming, navigating, night watches, preparing meals for crewmates and even cleaning the ship.

The following are examples of conditions which might present a risk (although they won't necessarily affect the applicant's chances of being selected to participate). If your patient has any of these conditions, we strongly recommend they consider this as part of their application and your subsequent endorsement. At the least, we must be made aware of these conditions in order to deal with any potential situations/risks. There will be a psychologist onboard however no immediate access to medical care.

**Examples of medical conditions to advise us of include (but are not limited to):**

- Heart conditions including angina, use of pacemakers, heart rhythm disturbances or a history of heart attacks
- Lung disease such as emphysema or asthma
- History of strokes or mini strokes (TIAs)
- Diabetes
- Epilepsy, multiple sclerosis or cerebral palsy
- Spinal injuries or amputations
- Audio or visual impairments
- Conditions affecting balance, including sea sickness and vertigo
- Severe allergic reactions
- Pregnancy
- Significant mental health disorders

If your patient has a medical condition which could be exacerbated by physical activity or requires urgent medical treatment and hasn't listed it on this form, please encourage them to do so.

With the above information, if there is any matter which you feel that Mates4Mates should be aware, please supply details on a separate sheet. If you require any further details please call Mates4Mates on 1300 462 837.

**AGREEMENT & SIGNATURES**

I have read this form and agree that the participant's medical details are correct. In my opinion this patient is physically able to participate in the event.

Doctor's Signature: .....

Printed Name: .....

Date: .....

Stamp: