



Gradient Adventure Medical Form

Name.....

Address.....
.....

Tel.....e-mail.....

Date of birth.....

Doctors details

Name.....

Address.....
.....

Tel.....

Next of kin

Name.....

Address.....
.....

Tel.....

Please indicate below any medical conditions you may be suffering from and include details where relevant:-

YES/NO Drug allergy

YES/NO Allergy e.g. bee sting

YES/NO Recent injuries

YES/NO Heart condition

YES/NO Asthma

YES/NO Other breathing condition

YES/NO Arthritis

YES/NO Weak joint

YES/NO Osteoporosis

YES/NO Balance problems

Please list any medication you may be taking.....

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Signed.....Date.....