

**MEDICAL IN CONFIDENCE
(when completed)**

Appendix 5 to
Annex B to
HQSW/CCF/CAMP/19
Dated 01 May 19

MEDICAL CERTIFICATE – Central Camp 2019

Name of Cadet	Name of Parents/ Guardians
Home Address	Telephone Number: Daytime Evening Mobile Work
Date of Birth: Age:	Religion:
Contact details for duration of camp (if different from above)	Name of family Doctor and their address:
Cadet Gender:	Cadet: Height Weight

1. As the Parent Guardian of the above named Cadet **I CAN CONFIRM:**

Condition	Yes/No	Dates	Condition	Yes/No	Dates
Skin condition			Severe sprain/fractures		
Rheumatic Fever			Respiratory complaints		
Blackouts			Chest conditions		
Kidney conditions/ complaints			Diabetes Type 1 or 2		
Heart condition			Asthma		
Hay Fever Allergy			Travel sickness		

Allergic reaction – If YES what?.....

He/ she has a serious allergy do you require an epi-pen? Yes / No

Any other serious illness or injury or history of:

2. **Has he/ she ever been admitted to hospital?** If so:

- a. When:.....
- b. For how long:.....
- c. What for:.....

**MEDICAL IN CONFIDENCE
(when completed)**

3. Is he/ she at present under treatment or investigation for anything? If so what
.....
4. What sports does he/ she take part in:
5. Has he/ she ever been excused sports on medical grounds: Yes / No
6. Is he/ she fit at present to undergo an arduous camp, which may include obstacle course and long marches and adventurous training activities: Yes / No
7. **MINOR ILLNESS: such as sore throat, cough, minor headaches, bites & stings, written consent must be given to issue medication (Please Note: Aspirin & Ibuprofen must be prescribed if issued to cadets).**

I consent to medication being given as stated in paragraph 7:

Signature of Parent/ Guardian:.....

8. Is he/ she at present taking any medication? If so, what:.....
9. The following CCF/ school staff (*name*)..... are authorised to administer prescription medication to him/ her while on CCF central Camp.

Signature of Parent/ Guardian:.....

- ***If you are taking medication, you are to bring sufficient to last the duration of camp and check that this is in date for the camp period.***
- ***Cadets that suffer from hay fever and travel sickness must bring their own medication.***

FITNESS CERTIFICATE: BY PARENT/GUARDIAN/SCHOOL/DOCTOR OR FAMILY

Cadetis free from infection and fit to undergo a period of arduous training.

Date:..... Signature:

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

Please Note: *If a cadet is too unwell to participate in activities then the cadets own unit is to arrange to have the cadet returned home.*