

## Hatfield Lawn Tennis and Bowls Club Ltd – Medical Disclosure Form

We care about the health and safety of our members. This form is designed to collect important medical information in case of an emergency or if a member becomes unwell while at the club. All information provided will be treated with the utmost confidentiality and used only in the event of a medical emergency.

### Personal Information:

- **Full Name:** \_\_\_\_\_
  - **Date of Birth:** \_\_\_\_\_
  - **Emergency Contact Name and Phone Number:** \_\_\_\_\_
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### Medical History:

Please answer the following questions to the best of your ability. If you have any of the following conditions, it may assist us in providing appropriate care if you become unwell during your time at the club. Check "Yes" or "No" and provide additional details where necessary.

1. **Do you have any chronic health conditions?**
  - Yes / No
  - If yes, please list: \_\_\_\_\_
2. **Do you have any allergies (e.g., food, medications, environmental)?**
  - Yes / No
  - If yes, please list: \_\_\_\_\_
3. **Do you have a history of any heart conditions (e.g., high blood pressure, heart disease), diabetes, respiratory conditions (e.g., asthma, chronic obstructive pulmonary disease)?**
  - Yes / No
  - If yes, please provide details: \_\_\_\_\_
4. **Do you take any regular medications (prescription or over-the-counter)?**
  - Yes / No
  - If yes, please list them: \_\_\_\_\_
5. **Do you have any other health conditions that we should be aware of in case of an emergency?**
  - Yes / No
  - If yes, please provide details: \_\_\_\_\_

### Member Consent:

By signing below, I confirm that the information provided is accurate and complete to the best of my knowledge. I understand that this information will be kept confidential and used only in the event of a medical emergency.

- **Signature:** \_\_\_\_\_
- **Date:** \_\_\_\_\_

**Privacy Statement:** The information you provide in this form will be stored securely and only shared with medical professionals or emergency services in case of a medical emergency. It will not be used for any other purpose.