

# Course Application Form

## Part 1

PARTICIPANTS PLEASE ANSWER THE FOLLOWING MEDICAL INFORMATION.

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|---|----------|
| 1. Do you have a heart problem or elevated / low blood pressure?                                | YES / NO |
| 2. Do you suffer with respiratory problems?   | YES / NO |
| 3. Are there any allergies or phobias of which we need to be aware?                             | YES / NO |
| 4. Have you had any operations, which may be relevant?  | YES / NO |
| 5. Has your tetanus prevention expired?   | YES / NO |
| 6. Will you need to be taking drugs while participating? If so describe below what they are.    | YES / NO |
| 7. Do you suffer from any other condition which is likely to affect your fitness while walking? | YES / NO |

Please describe in detail any relevant information from the above and any other medical condition that we should know about.

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***PLEASE NOTE: MEDICATIONS FOR YOUR PERSONAL USE MUST BE CARRIED AT ALL TIMES***

**We advise you to have a medical clearance from your doctor if you have answered YES to any of the above questions. A medical check up will ensure that it is safe for you to proceed with an active exercise programme**

### Medical Form (To be completed by a Medical Practitioner)

NAME :.....  
has applied to attend a WF&P course.

The programme is under the supervision of experienced walking leaders.  
The general aim is to improve cardiac / respiratory function and local muscle endurance.  
Pulse rate may be maintained at an elevated level for up to 3 hours with some periods of higher intensity, depending on the terrain and on the walk chosen.  
Would you please confirm that there are no significant medical reasons that would exclude his/her participation?  
If in your opinion there are any special limitations, would you, with the permission of the applicant, please comment?

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

Medical Practitioners name: ..... Phone no: .....

Address:.....  
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