



NORFOLK LOWLAND SEARCH and RESCUE (a member of ALSAR)

# ANNUAL MEDICAL FORM

Form MF.1/04

Please complete all sections of this form. If any sections do not apply to you, please mark with N/A.

Any undisclosed medical condition or medication may invalidate your insurance cover, put yourself and team members at risk and impact upon the safe and efficient progress of the search and rescue operation.

### Personal Details:

Full Name ..... Address .....

Known as ..... .....

Date of Birth ..... .....

Home Tel. No. .... .....

Work Tel. No. .... Post code .....

Mobile No. .... .....

### Doctor's Name and Address

### Next of Kin Name and Address

|               |               |
|---------------|---------------|
| Name .....    | Name .....    |
| Address ..... | Address ..... |
| .....         | .....         |
| .....         | .....         |
| .....         | .....         |
| Tel. No. .... | Tel. No. .... |

Please list any medical conditions (including allergies) and regular medications including dosages/time intervals.

Team members requiring regular medication are responsible for ensuring they have sufficient supplies for a 24hour search. Members must also inform their Team Leader of their medical condition whilst on official NorLSAR business for their own safety and that of team members.

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### Declaration

I confirm that the above details are correct to the best of my knowledge and I agree to inform NorLSAR immediately if there are any changes in my medical details. I understand that medical advice may be sought to ascertain that I meet the fitness levels required to be an active member of NorLSAR. I also consent to the release of my medical records for this purpose.

Signed

Print

Date