



CSC, c/o Unite, T&G Woodberry  
218 Green Lanes, London N4 2HB  
Tel. 0208 800 0155  
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[www.cuba-solidarity.org.uk](http://www.cuba-solidarity.org.uk)

<b>CYCLE CUBA CHALLENGE 2010 MEDICAL QUESTIONNAIRE</b>
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The event in which you will be participating is designated as challenging and will require a mid-level of fitness. A suggested training programme will be sent to participants after registration.

**Personal Details**

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Do you have a history of any of the following conditions? If yes, please give details, including frequency, severity and aggravating factors, in the space provided below. Please use a separate sheet of paper if necessary.

- |  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| 1. Raised blood pressure                 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Heart or circulatory disease          | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Respiratory disease                   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. Asthma/Hayfever                       | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5. Epilepsy                              | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6. Diabetes                              | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 7. Allergies                             | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 8. Joint or back problems                | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 9. Hearing loss or problems with balance | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Details \_\_\_\_\_  
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Please list any medication you are currently taking and ensure that you bring enough supplies for the duration of the trip

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Any other relevant medical information \_\_\_\_\_

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Are you registered disabled? Yes  No

If yes, please provide details

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If you are over 65 years of age or have any medical condition that could be adversely affected by this event you will be required to provide a doctor's letter stating that you have a suitable level of health and fitness to participate in Cycle Cuba Challenge 2010. Please inform your doctor that you are intending to complete a 350km cycle ride involving uphill cycling over 5 days and a steep 3km hike. Average temperatures will be in the region of 28°C. There will be a Cuban doctor with the group throughout the cycling/hiking itinerary and basic first aid supplies

I confirm that I have understood the need for fitness and to the best of my knowledge this is a true and accurate description of my medical history and current condition. I agree to Cuba Solidarity Campaign releasing this information to the doctor accompanying the event. In the event of illness or an accident on the trip I hereby give permission for medical personnel to initiate medical treatment and notify my next of kin in case of hospitalisation. If my medical condition changes before my departure I will inform Cuba Solidarity Campaign in writing.

This form and your information will be treated as confidential.

Signed \_\_\_\_\_

Date \_\_\_\_\_