



CSC, c/o Unite, T&G Woodberry
218 Green Lanes, London N4 2HB
Tel. 0208 800 0155
office@cuba-solidarity.org.uk
www.cuba-solidarity.org.uk

**CYCLE CUBA CHALLENGE 2013
MEDICAL QUESTIONNAIRE**

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 _____



CSC, c/o Unite, T&G Woodberry
218 Green Lanes, London N4 2HB
Tel. 0208 800 0155
office@cuba-solidarity.org.uk
www.cuba-solidarity.org.uk

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

Any other relevant medical information _____

Are you registered disabled? Yes No

If yes, please provide details

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 2013. Please inform your doctor that you are intending to complete a 310km cycle ride involving uphill cycling over 5 days. Average temperatures will be in the region of 28°C.

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 relevant medical personnel. In the event of illness or an accident on the trip, I hereby give permission for medical personnel to initiate medical treatment and CSC to notify my elected contact person 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 _____