

## HEALTH QUESTIONNAIRE

**FALRIVERWALK June 1st 2008**

To be completed if you have any medical problems that might be affected by participating in this event. Please fill out all fields and bring this form with you on the day.

The form will be collected and filed confidentially when you 'sign in' for the event

<b>FalRiverWalk Participant Number</b>	
<b>Emergency Contact Name</b>	
<b>Emergency Contact Name</b>	
<b>Doctor's Name</b>	
<b>Surgery Telephone Number</b>	
<b>Medical Condition</b>	
<b>Details of any Medication</b>	

All details are confidential; the Health Questionnaire will be returned or destroyed once you have completed the event.