WIO STUDENT MEDICAL DECLARATION

To be completed by the **student** and signed by a **parent/caregiver/guardian Application approval is subject to medical clearance by WIO Safety Committee.**



Please note that many WIO programmes operate in remote areas with limited access to medical resources and facilities.

If you have ANY pre-existing medical conditions, please provide as much detail as possible. Thank you.

Do you have any medical conditions? E.g. asthma, epilepsy, diabetes.	YES/NO
Details:	
Do you have any allergies? E.g. bee or wasp stings, penicillin, certain foods.	YES/NO
Details:	
Do you have any mental health concerns? e.g. anxiety, depression (or history of)	YES/NO
Details:	
Are you taking any medication? If you answer yes, do you require assistance with taking this medication?	YES/NO
Details:	
Do you have any current or previous injuries, which may affect your participation? E.g. dislocations, back injuries, sprains, or broken bones.	YES/NO
Details:	
Have you had any illnesses in the last 2 months?	YES/NO
Details:	
Do you have any special dietary requirements? E.g. vegetarian.	YES/NO
Details:	
On a scale of 1 to 5 how would you rate your overall fitness? Please circle: 1 = Very unfit / 5 = Super fit	
1 2 3 4 5	
Are you a confident swimmer?	YES/NO
Details:	
Is there anything else we should know about you? For example, do you have any individual learning needs that we need to be aware of? E.g. dyspraxia, aspergers, dyslexia, fear of heights, claustrophobia etc	YES/NO
Details:	
By signing this form, you are agreeing that the medical declaration information provided is accurate and complete. Yo agreeing that you have read and understood the risk management, behaviour and media consent declarations.	u are also
Student Name:	
Student Signature: Date:	
Student Signature: Parent Name: Date:	