TO BE COMPLETED BY ALL NEW APPLICANTS ONLY EXCEPT TRIALS:
Please complete this form and disregard the printed section 5 on page 2 of the 2004 licence application. Applicants renewing 2004 licences except trials must complete the printed section 5 on page 2 of the licence application form.

5. MEDICAL DECLARATION

Please answer all the questions truthfully. False declarations may have serious consequences. If you answer yes to any of the questions on this page then please provide full details in the space provided or attach additional sheets. These details should include the date you first developed the condition, details of any tests, investigations and of any treatment you have undergone. Please include the name and addresses of any specialists you have seen and hospitals you have attended. Please give full details of any medication you are taking.

Have you ever suffered from or are you currently suffering from any of the following illnesses or conditions:-

1	Epilepsy, fits, blackouts or any condition which may cause loss of conscienceness ?……	yes		no	
2	Any condition which might cause dizzyness, vertigo or loss of balance ?……..……..	yes		no	
3	Have you been unconscious because of head injury or suffered concussion ?…….……	yes		no	
4	Any progressive neurological disorder such as MS or Motor Neurone Disease ?……....	yes		no	
5	Have you ever had a stroke of any kind ?……..	yes		no	
6	Loss of strength, loss of feeling, loss of control or loss of movement of any of your limbs, head and neck ?……..	yes		no	
7	Amputation of any limbs ?…….	yes		no	
8	Do you have any artificial limbs ?……..	yes		no	
9	Any condition affecting your heart ?……..	yes		no	
10	Any surgical operation for a heart condition (e.g. Bypass, angioplasty, pacemaker fitted) ?…….	yes		no	
11	Any kind of tumor or cancer ?……	yes		no	
12	Any condition affecting the main arteries (e.g. bypass graft,aortic aneurysm) ?……..	yes		no	
13	Diabetes ? State whether treated by diet, tablets or insulin…….	yes		no	
14	Any psychiatric or emotional illness ?……	yes		no	
15	Hypertension (high blood pressure) ?…….	yes		no	
16	Any condition affecting your vision or eyes ?……...	yes		no	
17	Alcohol, drug or substance misuse ?……..	yes		no	
18	Are you taking any medication ? (include all tablets, medicines, etc. whether prescribed or bought over the counter) ……..	yes		no	

Please use this space to give more details

Please continue on separate sheet if necessary.

I declare that the answers I have given are true and complete. I give my permissi on for the ACU to obtain any information about my medical history from any medical practitioner I have consulted. I also consent to any necessary information concerning an injury at an event being given by the attending doctor to the Clerk of the Course of the event and also my own doctor and relatives. The doctor may also give information to other persons if authorised to do so by me personally, according to the doctor's own professional ethical code. . *If the applicant is under 18 years of age a parent or legal guardian should sign. If you are signing on behalf of an applicant under 18 years of age please state your relationship to the applicant.*

Name of applicant: _____

Signature of applicant: _____

Signature of parent/legal guardian: _____

Relationship to applicant: _____*Date:*_____