



General Medical Information Form

- required for nominated courses involving physical activity

Instructions

- This form applies to nominated courses involving physical activity.
- Please complete and provide this form to your Tutor at the first lesson whenever it is indicated as needed in the relevant course enrolment information.

Course:

Start Date:

Name:

Address:

Relevant medical history or major health problems:

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In my opinion, there is no medical or physical reason why I should not take part in this program or course. I understand that all safety precautions will be observed and I agree to accept responsibility for any injuries/illnesses which may be sustained while taking part in this program.

Signature

Date/...../.....