

# **THE MURRAY BRIDGE PLAYERS AND SINGERS INC.**

## **MEDICAL FORM:**

NAME:

ADDRESS:

EMERGENCY CONTACT:

EMERGENCY PHONE NO:

This form is an indicator of any possible health risks/ problems that may occur during an event. The information volunteered herein will be held in the strictest confidence and will not be disclosed to anyone unless permission is granted by you or your Emergency Contact.

Please note that a person that holds a current first aid qualification will attend every rehearsal and will be able to deal with basic first aid procedures. If in the event that further professional health care is required, you will be referred to the appropriate facility with your consent.

## **PLEASE COMPLETE THE FOLLOWING:**

Do you have any medical problems that may arise during an event?

### **Asthma: Yes / No**

Please be advised that you may be exposed to various triggers within the realm of theatre (eg Dust)

### **Diabetes: Yes / No**

Please be advised that theatre is very demanding physically and mentally and it is essential that you have a firm knowledge of your disease to indicate to the conveners of any supplements required.

### **Migraine: Yes / No**

Please be advised that you may be exposed to various agitators within the realm of theatre (eg. Noise, lights, tiredness)

### **Epilepsy: Yes / No**

Please be advised that you may be exposed to various agitators within the realm of theatre (eg Bright or Flashing lights)

### **Allergies: Yes / No**

Please be aware that you may be exposed to various agitators within the realm of theatre (eg Dust, make-up, paint etc)

*Please turn over...*

Do you require regular or intervention medication for any of these conditions? If so please list any medication with medical information regarding dosage:

**Do you have any physical conditions that may limit your ability to undertake any tasks or exercise: Yes/ No**

**Please indicate any short term physical disabilities:**

**Do you have any other health problems not mentioned on this form?**

**SIGNATURE:**

**DATE:**