



Volunteer Ranger Medical Form

Personal Details:

Name	
Address	
Contact No.	
Email	
Date of Birth	
Gender	

Person to contact in an Emergency:

Name	
Contact No.	
Relationship to you	

Medical statement:

Do you have any condition requiring regular treatment or otherwise that the volunteer coordinator should be aware of?	Y / N
Do you carry medication e.g. Adrenaline Pen	Y / N
If Yes please give details:	

Do you have any of the following:

Any major illness	Y / N
Blackouts / headaches / migraine / dizziness	Y / N
Allergy to bites / food / medicine	Y / N
Asthma / bronchial illness	Y / N
Recent injuries	Y / N
Epilepsy	Y / N
Diabetes	Y / N
Heart complaints	Y / N

If you have answered Yes to any of the previous questions please provide further details :

Medical Practitioner Details:

Name of Doctor	
Address	
Tel No.	

Declaration:

I the undersigned confirm that to the best of my knowledge all of the above details are correct. I will inform MountainBikeNI.com immediately should any of the details change.

Signed	
Date	



Comhairle Ceantair
Lár Uladh
Mid Ulster
District Council



Comhairle Ceantair
an Iúir, Mhúrn
agus an Dúin
Newry, Mourne
and Down
District Council

