

Leeds University Union



Volunteer Medical Form

Name:

Date of Birth:

Leeds Address:

Telephone Number:

'Next of Kin' Name:

Address:

Telephone Number:

Do you have any special dietary requirements? If so, give details:

Do you suffer from Diabetes/Asthma/Epilepsy, or any other condition which may affect you during the project?

Do you suffer from any allergies? If so, give details:

Are you currently taking any medication? If so, give details:

Doctor Name:

Address (please delete as appropriate)

Leeds Student Medical Practice,

4 Blenheim Court, Blenheim Walk,

Leeds, LS2 9AE

Telephone Number (please delete as appropriate): (0113) 295 4488

In the event of an accident, I confirm that this form is correct and may be used by the appropriate authorities.

Signed:

Date: