

MEDICAL DECLARATION SUPPLEMENTARY QUESTIONNAIRE: ALLERGY

Name: _____ **Course:** _____

The information provided on this form will be treated as confidential and is required in order to enable The Expedition Team to provide appropriate medical assistance and support if required. This information may be retained for an extended period in the case of an incident.

1 What are you allergic to (include prescribed or over the counter medication, plants, detergents, paints, chemicals, food/s, etc)?

.....
.....

2 Is the allergy life threatening? Please circle: Yes / No

3 Food Allergy

Please state if the allergy occurs:

- Only if eaten - please circle: Yes / No
- Other: please give details:

If your allergy is one of the 14 common allergens listed below please tick appropriate box:

- Cereals containing gluten eg. wheat, rye, barley, oats, spelt or kamut/khorasan
- Nuts - almonds, hazelnuts, walnuts, cashews, pecan nuts, Brazil nuts, pistachio nuts, macadamia (or Queensland) nuts
- Crustaceans eg. prawns, crabs, lobster, crayfish
- Molluscs eg. clams, mussels, whelks, oysters, snails & squid
- Eggs
- Fish
- Peanuts
- Soybeans
- Lupin
- Milk (incl lactose)
- Celery & celeriac
- Mustard
- Sesame seeds
- Sulphur dioxide & sulphites
- Other (please detail)

.....
.....

4 In what way are you allergic to this/these substances/food? Please tick:
1) rash
2) swellings
3) difficulty breathing
4) feeling faint/unwell

5 In the past what treatment have you received for this and was this administered by a doctor?
.....

6 Were you sent to or admitted to hospital as a result of this? Please circle: Yes / No

7 When did it happen?
1) Less than 3 months ago
2) 3-6 months ago
3) 6-12 months ago
4) More than 12 months ago

8 How many times has it happened?
1) Once
2) Twice
3) 3 or more times

9 Do you wear a Medical Alert bracelet/necklace? Please circle: Yes / No

10 Do you carry an adrenaline EpiPen? Please circle: Yes / No

If, Yes, please bring two, in date, EpiPens with you on your course

11 Do you take any regular medication to control the allergy?
Please give details:

Please ensure you bring sufficient medication with you for the duration of your course.

We may still need to contact you for more information.

I hereby give consent to Expedition Team staff discussing my medical details with either my own Doctor/GP having discussed the details with you first.

Signed: _____ **Date:** _____