

# Medical Declaration Supplementary Questionnaire: Epilepsy

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 If you have ever had epilepsy, please answer the following questions:

1.1 When were you first diagnosed with epilepsy/how long have you had it?

- a) Less than 1 year\*      b) 1-5 years      c) 5 years

1.2 What sort of epilepsy have you been diagnosed with? Please tick:

- a) Generalised onset seizures (formerly grand mal)
- b) Focal onset seizures (formerly petit mal)
- c) Generalized and focal epilepsy (formerly partial seizures)
- d) Unknown if generalized or focal epilepsy

1.3 What medication (if any) do you take for it, including what dose and how often?

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1.4 When did you last have a fit/convulsion/absence?

- a) Less than 1 month\*      b) 1-6 months\*      c) 6-12 months
- d) 1-5 years      e) 5 years

1.5 How often do you have a fit/convulsion/absence?

- a) Weekly\*      b) Once a Month\*      c) Once a year
- d) Very infrequently

1.6 Do you generally have any warning and if so what sort of warning (eg. auditory, visual, sensory etc)?

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**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: \_\_\_\_\_