

MEDICAL QUESTIONNAIRE



This form is for use in connection with RYA instructor's certificates.

New applicant Revalidation Notification of change of circumstances

NOTE

1. The purpose of this form is to obtain a factual report of your state of health and medical history and to indicate your fitness and capacity to act as an RYA instructor.
2. This form is designed to be completed by yourself and does not require to be signed by your doctor. However if you have doubts about any aspect of your fitness (including eyesight), you may wish to discuss these with your doctor before you complete the form.
3. If you have any ticks in any of the "Yes" boxes in this questionnaire or you have added qualifying remarks your form may require further assessment by the RYA Medical Assessor and you may be asked to submit to a formal medical examination.
4. It is your personal responsibility not to work as an RYA Instructor when you are temporarily or permanently unfit to do so from illness or injury. If after completing this form you develop any medical condition, disability or illness which may affect your fitness to work, in particular your ability to navigate a vessel and take responsibility for the safety of the trainees under your tuition you must notify the RYA by completing a new Medical Questionnaire.

PART A – PERSONAL DETAILS

(Please PRINT and use black ink)

Surname _____ Forename(s) _____

Home Address _____

_____ Postcode _____

Telephone _____ Email _____

Date of Birth _____

PART B - MEDICAL REVIEW

Please answer the following questions. If you answer "Yes" to any of the questions please provide details in the box at the bottom of this section.

Have you had a coronary thrombosis (heart attack) or have undergone heart surgery? Yes No

Are you liable to epileptic seizures or sudden disturbances of the state of consciousness? Yes No

Do you suffer problems with heart rhythm, or have a disease of the heart or arteries? Yes No

Do you have abnormal blood pressure that is not well controlled with drugs? Yes No

Do you have diabetes? Yes No

Have you had a stroke, or unexplained loss of consciousness? Yes No

Have you had a severe head injury with continuing impairment? Yes No

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Do you suffer from parkinson's disease or multiple sclerosis?

Yes

No

Are you being treated for psychological or nervous problems?

Yes

No

Have you had an alcohol or drug dependency problems within the last 5 years?

Yes

No

Do you have profound deafness or any other impairment which affects your ability to communicate clearly on the radio/telephone?

Yes

No

Do you suffer from double or tunnel vision?

Yes

No

Do you have any other condition which could have an adverse effect on your ability to properly discharge your duty of care as an instructor?

Yes

No

If you have any additional information you would like to provide to support this Medical Questionnaire or in response to the above questions please use this space:

PART C - DECLARATION

I declare that I have checked the details given on the enclosed form and that to the best of my knowledge and belief they are true and correct. I also authorise the RYA to disclose the information in this form to the RYA Medical Assessor and agree to submit to a medical examination if requested by the RYA.

Signature of Applicant _____ Date _____