

# Moseley & Kings Heath Shed

## Heath Declaration

Name First (Given) Name:		Family name:	
<p><b>We need to gather certain information about your health, any conditions, allergies and medications that might affect you and your abilities to safely take part in activities that are available in the 'Kings Heath &amp; Moseley Shed'. Please provide as much detail as you can in order to help us protect you and others in the 'Shed'.</b></p>			
<p>Please note that any and all information provided on this form will be held confidentially and securely. It will be used only by the Trustees (and/or Supervisors) to assure themselves that potential members are not likely to pose health or safety risks to themselves or to others while in, or using equipment or processes within the 'Shed'.</p>			
Do you usually wear spectacles or contact lenses?		Yes	No
Has your doctor ever said you have heart trouble or a heart condition?		Yes	No
Do you suffer from any allergy/allergies? If so please give details below.		Yes	No
Do you suffer from diabetes or epilepsy?		Yes	No
Are you currently taking any medication about which was should be made aware? If YES, please provide details below:		Yes	No
<p>Do you have any health conditions about which we should be made aware? For example, anything which might cause you to feel dizzy or faint, or on medication/s, the use of which might carry a warning against using power tools. Please provide as much detail as you can below (continue overleaf if necessary).</p>			
Who should we contact in case of an emergency? Please provide: full name, address and telephone number/s.			
<p><b>IMPORTANT</b> Please note: If you require a carer to be on hand to look after your special needs, it is YOUR responsibility to make these arrangements. Moseley &amp; Kings Heath Shed will NOT assume responsibility for you in these circumstances.</p>			
I understand that, should my health situation change, I must inform the Shed Supervisor before using any tools.			
Signature		Date	