

Moseley & Kings Heath Shed

Health Declaration

Name First (Given) Name:	Family name:	
We request 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 & Moseley Shed'. Please provide as much detail as you can in order to help us protect you and others in the 'Shed'. Should your health situation change, please consider informing the Shed Supervisor before using any tools.		
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'.		
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
Do you have any physical 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).		
Do you have any mental health conditions we should be aware of such as autism, bipolar disorder etc, that might affect your social interaction with other members or your ability to follow instructions? Please provide details below.		
IMPORTANT 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 & Kings Heath Shed will NOT assume responsibility for you in these circumstances.		
YOUR CONSENT REQUESTED Please note that the information you have provided on this form is regarded as sensitive information. In order for us to keep a record of this information we request your CONSENT. By signing below, you agree to give us permission to store this information for the duration of your membership. Please note that you have the right to withdraw consent for your health data to be stored by us at any time you wish.		
Signature	Date	