



## EMERGENCY CONTACT & MEDICAL QUESTIONNAIRE

<b>NAME</b>	
<b>DATE OF BIRTH</b>	

### EMERGENCY CONTACT / NEXT OF KIN

<b>NAME</b>	
<b>TELEPHONE NUMBER</b>	
<b>MOBILE NUMBER</b>	

### CONTACT DETAILS FOR YOUR GP / SURGERY

<b>NAME</b>	
<b>SURGERY NAME</b>	
<b>SURGERY ADDRESS</b>	
<b>TELEPHONE NUMBER</b>	

### DETAILS OF ANY MEDICAL CONDITIONS & MEDICATION TAKEN

MEDICAL CONDITION	MEDICATION TAKEN

### DECLARATION

<p>I declare that the information shown above is a correct record of my emergency contact details and medical conditions.</p> <p>I give the Gloucester Railway Carriage and Wagon Museum permission to contact my own General Practitioner for further particulars of my medical records should this prove necessary.</p> <p>I will be informed of this request prior to it taking place. I agree to undergo a medical examination and/or colour vision test before commencing working (or training) in any roles deemed as 'Safety Critical', or if there is a legal requirement.</p> <p>I give the Gloucester Railway Carriage and Wagon Museum permission to hold this personal data specifically for use in conjunction with my volunteering duties.</p>	
<b>Signature:</b>	<b>Date:</b>

**DO YOU, OR HAVE YOU EVER, SUFFERED FROM:**

Disease of the heart or circulation, angina, heart attack or high blood pressure	YES / NO
Asthma, wheezing, chest tightness, breathing problem or lung condition	YES / NO
Chronic chest complaint where night time symptoms are particularly troublesome	YES / NO
Chronic obstructive pulmonary disease	YES / NO
Disease of the brain or nervous	YES / NO
Weakness, loss of sensation, loss of balance or clumsiness affecting part of your body	YES / NO
Fits, epilepsy, fainting or blackouts	YES / NO
Sleep apnoea / sleep related disorder	YES / NO
Mental illness, depression, anxiety or any other psychological disorder	YES / NO
Agoraphobia or claustrophobia	YES / NO
Bowel disorder, ulcer or hernia	YES / NO
Kidney, bladder or urinary problem	YES / NO
Liver disorder, hepatitis or jaundice	YES / NO
Diabetes	YES / NO
Any condition where the timing of meals is important	YES / NO
Trouble with your back or neck	YES / NO
Other joint, tendon or muscle problems	YES / NO
Vibration-related symptoms such as vibration white finger, tingling or numbness	YES / NO
Hay fever or allergy	YES / NO
Eczema, dermatitis or other skin problem	YES / NO
Visual impairment needing glasses or contact lenses	YES / NO
Other eye disorder or colour vision problems	YES / NO
Difficulty hearing normal conversations If yes do you wear a hearing aid YES / NO	YES / NO
Any other illness or condition not mentioned above. If YES please give details:	YES / NO

What is your height without shoes?	
What is your weight?	

Please return your completed form, marked **MEDICAL QUESTIONNAIRE, CONFIDENTIAL**  
to: Gloucester Railway Carriage and Wagon Museum, 99 Sandyleaze, Elmbridge, Gloucester,  
Gloucestershire, GL2 0PU