



Sir Peter Blake Marine Education and Recreation Centre
 1045 Beach Rd, Long Bay, North Shore City 0630
 PO Box 35-119, Browns Bay, North Shore City 0753
 Telephone: (09) 473 0714 Residential: (09) 473 0713 Fax: (09) 473 1945
 Email: office@merc.org.nz Website: www.merc.org.nz

Adult Medical Form

Group Name:	
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Full Name:			
Address:			
Phone:			
Age:		Date of Birth:	
Emergency Contact (name & number)			
Family Doctor (name & number)			

Medical History (please answer all questions & provide additional details where appropriate)

Do you require any regular medication? **Yes / No**

Details:

Do you have any illnesses such as diabetes, heart problems, asthma or epilepsy? **Yes / No**

Details:

Do you have any medical concerns that might affect your participation in activities i.e. back problems, injuries or concerns regarding water, height, open spaces, darkness? **Yes / No**

Details:

Are you up to date with tetanus injections? **Yes / No**

Have you had flu within the last two weeks? **Yes / No**

Have you had any recent ear problems? **Yes / No**

Are you allergic to any substances? **Yes / No**

Are you allergic to bee stings? **Yes / No**

Can you swim? **Yes / No**

Are you confident in deep water? **Yes / No**

Do you have any physical or intellectual disability? **Yes / No**

I am able to participate in all presented activities. In the event of an accident or illness, I authorize MERC to obtain any such medical assistance as considered appropriate by MERC staff. MERC staff will provide full safety briefings to all participants. I understand it is the responsibility of participants to follow these instructions to minimize risk of injury.

Signed: _____ Date: _____