

Boxted Runners Disability and Medical Form

Name: _____

Disability

The Disability Discrimination Act 1995 defines a disabled person as anyone with “a physical or mental impairment which has a substantial and long term adverse effect on his or her ability to carry out normal day to day activities”.

Do you consider yourself to have a disability? (please circle/delete as appropriate)

Yes / No

If “yes”, what is the nature of your disability?

Visual impairment Hearing impairment Physical disability Learning disability Multiple disability Other (please specify)

Medical Information

Do you have any of the following medical conditions:

None known Epilepsy Asthma Hemophilia Diabetes

Do you have any allergies?

Do you have any other medical issues?

Please state any medication used: