



PERSONAL AND MEDICAL INFORMATION

1. Participant's details

Surname			
First name			
Preferred name			
Date of birth		Gender	
Street name and no			
Suburb		State	Postcode
Home Phone		Mobile	
Email address			

2. Participant's medical health cover

Medicare Number		Position on card	
Private health fund		Membership #	
Ambulance cover	Yes	No	Number
DVA Card	WHITE	GOLD	Number

(If no private health insurance or ambulance cover write N/A)

3. Emergency contact details

Name			
Street name and no			
Suburb		State	Postcode
Home phone		Mobile	
Email address			

4. Participant's Service history

Navy		Army		RAAF		1 st Responder		Police		Prisons		Other	
Date Service Started						Date Service Ended (leave blank if still serving)							
Current/Last Rank													
Employment/ trade during Service													

5. Participant's overseas service if applicable

Country	Year(s) deployed

6. Trojan's Trek Logistics Information

a. Please circle the size required, the sizing is generous.

Male Trek Shirt size	S	M	L	XL	2XL	3XL	4XL	5XL	6XL	
Female Trek Polo Top	8	10	12	14	16	18	20	22	24	26

b. Please Circle:

c.

Do you require a swag? (circle)	YES	NO
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THIS SECTION TO BE COMPLETED BY PARTICIPANT'S MEDICAL PRACTITIONER

7. Participant's details

Surname	
First name	
Preferred name	
Date of birth	
Gender	

8. Medical Conditions

In lieu of completing this section below, a patient medical history printout would be accepted.

Pre-existing medical conditions	Current medications

Allergies? Please list -	
Special dietary requirements?	

Trojan's Trek is not physically demanding but a basic standard of fitness is required. Participants will undertake short walks up to 1 km in bush country with no time constraints. The project is designed to assist veterans in making healthy life-style choices. No strenuous physical activities will be conducted. The participant has a copy of the General Instruction which provides further information. The trek will be conducted at the SSAA range Captain's Mountain with a first aider present. If any further information is required, please do not hesitate to contact the personnel listed below.

I consider to the best of my knowledge that the person whose name appears on this form does **not suffer from any medical or other condition** which would prohibit him/her from taking part in Trojan's Trek.

Doctor's Signature..... Printed Name

9. Medical Practitioner's Details OR Stamp Date.....

Surname	
First name	
Provider number	
Practice name	
Practice address	
Practice phone no	

10. Participant Authorisation

Signature Date

If any further information or assistance is required, please do not hesitate to contact the following personnel:

Female Trek: Suz Baker suzanne.baker@ymail.com 0438 315 321
 Male Trek: Brendan Barry Brendan.r.barry@gmail.com 0419 384 214

For Office Use Only	Checked by		Date	
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