



TM

## 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
Have you submitted a DVA claim	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, please describe</i>	
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		Emergency Services		Other	
Date Service Started						Date Service Ended (leave blank if still serving)			
Current/Last Rank									
Employment/ trade during Service									
Were you medically discharged?	<input type="checkbox"/> Yes <input type="checkbox"/> No								
<i>If no, what was your reason for leaving the military</i>									

## 5. Participant's overseas service if applicable

Country	Year(s) deployed

**6. Trojan's Trek Logistics Information**

Please circle the size required, the sizing is generous.

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

Please Circle:

Do you require a swag? (circle)	YES	NO
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**7. Demographic Details**

Ethnicity	
Employment status	<i>(full-time/part-time/casual/etc.)</i>
Marital status	
Number of children	
Is your family financially dependent on you?	

**8. Psychological History**

Have you ever been diagnosed with a psychological condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
<i>If yes, please describe</i>	
Are you currently receiving treatment for the above condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Not currently but I have in the past
<i>If yes, please list the type of treatment (i.e. medication, psychological therapy)</i>	

**THIS SECTION TO BE COMPLETED BY PARTICIPANT'S MEDICAL PRACTITIONER**

**9. Participant's details**

Surname	
First name	
Preferred name	
Date of birth	
Gender	

**10. Medical Conditions**

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

Pre-existing medical conditions	Current medications

<b>Allergies? Please list -</b>	
<b>Special dietary requirements?</b>	

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** .....

**11. 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:**      **Ramon Fenton**    [ramon@trojanstrek.com](mailto:ramon@trojanstrek.com)      **0418 283 752**  
**Male Trek:**      **Brendan Barry**    [brendan@trojanstrek.com](mailto:brendan@trojanstrek.com)      **0419 384 214**

<i>For Office Use Only</i>	<i>Checked by</i>		<i>Date</i>	
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