



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.

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

Please Circle:

Do you require a swag? (circle)	YES	NO
---------------------------------	-----	----

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

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**

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 **0418 283 752**
Male Trek: **Brendan Barry** brendan@trojanstrek.com **0419 384 214**

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