



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> | |
|----------------------------|-------------------|--|-------------|--|