

SURNAME: _____ **FORENAME(S):** _____

ASTHMATICS QUESTIONNAIRE AND DECLARATION - TO BE COMPLETED BY ALL STAFF AND CADETS WHO SUFFER, OR HAVE SUFFERED, FROM ASTHMA

1. **Questionnaire.** I confirm that I ***suffer/have suffered** from asthma and wish to declare the following information:

a. When was your last attack: _____

b. What preventative medication/inhalers do you use?(include strength and frequency of dose): _____

c. What reliever medication/inhalers do you use?:(include strength of dose)

Indicate frequency of use during normal daily activities eg once a day, once a week etc: _____

Indicate frequency of use during routine exercise: _____

d. Have you ever required hospital admission for your asthma? ***YES/NO.** If **YES** give details of when: _____

e. Have you sought advice from your doctor or asthma nurse prior to completing the health declaration? ***YES/NO.** If **YES** what did your doctor or asthma nurse advise?

f. Any Additional Comments?: _____

2. **Declaration.** I fully understand that annual camp activities can be strenuous and I consider that I am fit to attend camp.

Signed: _____ (cadet)

Date: _____

Countersigned: _____ (Person having parental responsibility for a cadet under 18 years of age only)