**Medical Consent Form**

**TO BE COMPLETED BY THE PARTICIPANT’S MEDICAL PRACTITIONER**

1. **Participant’s details**

|  |  |  |
| --- | --- | --- |
| Name |  |  |
| Date of birth |  |  |
| Gender |  |  |

1. **Medical Practitioner’s Details**

|  |  |
| --- | --- |
| Name |  |
| Provider number |  |
| Practice name |  |
| Practice address |  |
| Practice phone no |  |

1. **Medical Conditions**

**In lieu of completing this data, a patient medical history printout is acceptable.**

|  |  |
| --- | --- |
| Pre-existing medical conditions | Current medications |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| Allergies |  |
| Special dietary requirements |  |

Trojan’s Trek is vehicle-led and 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 serving, ex-serving, police and first responders in making healthy lifestyle choices. No strenuous physical activities will be conducted, and a first aider will be present.

To the best of my knowledge, the person whose name appears on this form does not suffer from any medical or other condition that would prohibit him/her from participating in Trojan’s Trek.

Doctor’s Signature …………………………………… Printed Name ………….……………………………...

Date: / /

If any further information is required, please do not hesitate to contact us at [poc@trojanstrek.com](mailto:poc@trojanstrek.com)

***For Office Use Only***

|  |  |  |  |
| --- | --- | --- | --- |
| *Checked by* |  | *Date* |  |