

HEALTH AND EMERGENCY QUESTIONNAIRE

SW Herts U3A **Study Group**

EVENT: DATE:

NAME: U3A Membership No.

ADDRESS: Telephone:

..... Date of Birth:

Email address Mobile No:

Allergies Medical Conditions

Medication

Special Dietary Requirements:.....

GP Name: Telephone :

Address: Post code:

<p><u>EMERGENCY/ CONTACT</u> : Name</p> <p><u>Telephone/mobile no</u>..... Relationship</p>

European Health Insurance Card? Yes / No

Insurance Company

Policy No. Expiry Date

Any exclusions/ restrictions? Yes /No

This questionnaire is confidential, and will NOT be held on computer and will only be used in an emergency.