

This information will NOT be kept after the end of the Pilgrimage

DIOCESE OF ARUNDEL AND BRIGHTON ECUMENICAL WALKING PILGRIMAGES

CONFIDENTIAL EMERGENCY / MEDICAL INFORMATION FORM

****PLEASE MAKE SURE ALL BOXES ARE COMPLETE****

Pilgrim Name:

Date of Birth:

Emergency contact: Name:

PLEASE PRINT ALL Address:

DETAILS CLEARLY

Telephone Number Home:

Mobile:

Doctors Name (please print): _____

Telephone: _____

<u>ARE YOU</u>	<u>NO</u>	<u>YES</u>	<u>DETAILS</u>
Attending or receiving treatment from a Doctor, hospital or clinic? -----			
Taking any medicines? -----			
<u>HAVE YOU</u> Ever been told you have a heart murmur or problem, angina, high blood pressure or had a heart attack? -----			
Had a bad reaction to a general or to local anaesthetic? -----			
Had a recent anti tetanus Injection? -----			
<u>DO YOU</u> Have any special dietary needs? -----			
Have fainting attacks, giddiness, Blackouts or epilepsy? -----			
Have diabetes? -----			
Are there any other aspects concerning your health we should be aware of? -----			
Have any allergies that require the Use of an EpiPen? -----			
Are you allergic to any medication? -----			

P.T.O.

<u>To take part in this Pilgrimage it is important that you have had 3 Covid vaccinations.</u>	Date of 1 st Vaccination	Date of 2 nd vaccination	Date of 3 rd (Booster) Vaccination
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We request that you obtain an NHS COVID Pass letter to bring with you. This document is important. It confirms that you have been vaccinated. It can be obtained, FREE OF CHARGE, from the NHS website accessed by following the link:

[NHS COVID Pass - NHS \(www.nhs.uk\)](https://www.nhs.uk)

select [NHS COVID Pass Letter](#), which will take you to a few questions. On completion of the form the NHS will confirm the details and a COVID pass letter will be sent to you with all the details of your Vaccinations.

We will ask to see this document, but not need to have a copy.

I confirm that the details entered on this form are correct.	Signed:	Date:
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