

MEDICAL DECLARATION – NON SACU/ACU LICENCE HOLDERS



RIDER NAME (Block Capitals)

RIDER Signature

DATE

Please answer all the questions truthfully by ticking the appropriate boxes. A false declaration may have serious consequences. If you answer 'yes' to any of the questions please give full details in the space provided at the end of this section. These should include the date you first developed the condition, details of any tests, investigations and any treatment you have undergone. Please include the names and addresses of any specialist you have seen and the hospitals you have attended. Please also give full details of any medications you are taking.

**Important note: Answering 'yes' to any of the following questions may result in further investigation.**

Have you ever suffered from or are you currently suffering from any of the following illnesses or conditions:

- 1. Epilepsy, fit, blackouts or any condition, which may cause loss of consciousness? . . . . .  yes  no
- 2. Any condition, which might cause dizziness, vertigo or loss of balance? . . . . .  yes  no
- 3. Have you been unconscious because of a head injury or suffered from concussion  yes  no  
Within the past 14 days ?
- 4. Any brain disorder such as a stroke, MS or Motor Neurone disease? . . . . .  yes  no
- 5. Any loss of strength, feeling, control or movement any of your limbs, head or neck? . . . . .  yes  no
- 6. Amputation of any part of your limbs with or without artificial replacement? . . . . .  yes  no
- 7. Any condition or operation (including spleen removal) involving your heart or main  
blood vessels or high blood pressure? . . . . .  yes  no
- 8. Any kind of tumour or cancer? . . . . .  yes  no
- 9. Diabetes? If 'Yes' please state whether treated by diet, tablet or insulin? . . . . .  yes  n
- 10. Any psychiatric or emotional illness or any alcohol/drug/substance misuse? . . . . .  yes  no
- 11. Any condition affecting your vision or eyes, including colour blindness? . . . . .  yes  no
- 12. Are you taking medication? . . . . .  yes  no  
(Include all tablets, medicines etc. whether prescribed or bought over the counter)

Please use this space to give further details if you have answered 'yes' to any of the above questions: