

## Pre Cycling Health Questionnaire

Participants should complete this questionnaire prior to taking part in cycle rides.  
All information given on this form will remain strictly confidential.  
Carry the form with you and tell the leader where it can be found so, in the event of an emergency, it can be given to the medical professional/paramedic.

Name DOB

Address

Phone no. email

Name and phone no of person to contact in emergency:

Do you have any medical conditions that we should know about?

A list of any currently prescribed medication.

Signed

date