



Pax Lodge

World Association
of Girl Guides
and Girl Scouts

Association mondiale
des Guides et des
Eclaireuses

Asociación
Mundial de las
Guías Scouts

Personal Health Form

To be completed by a Registered Physician/Doctor

Name _____
Surname First Name

Address _____

Date of Birth _____
Day Month Year

Next of Kin _____
Surname First Name

Address: (If different to above) _____

Telephone number _____
Home Business

Health Insurance Company _____

Membership Number / Policy Number _____

Address and Telephone Number _____

Name of Physician/Doctor _____

Telephone number _____

Address _____

The position of Volunteer at Pax Lodge may include strenuous physical work, e.g. Cleaning. Does the participant suffer from any physical or emotional disorder that would prevent her from participating fully? If so please give details.



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Registered Charity No. 306125
VAT No. GB 2394068 49

Does the participant have any allergies such as drugs, food, insects etc? If so, please provide a list giving type of reaction and the type of treatment required.

Does the participant currently suffer from any of the following health problems?

Condition	Yes/No	Condition	Yes/No	Condition	Yes/No
Arthritis		Epilepsy		Respiratory Problems	
Asthma		Fainting			
Convulsions		Headaches		Other	
Diabetes		Nose Bleeds			

Please give details of medication or treatment required for the above:

Please provide details of any clinical findings including signs of communicable diseases:

Wears glasses / contact lenses – Prescription Number _____

Please list any medication that the participant is to bring with her:

Please state any dietary needs of the participant.

General Comments _____

I have given the participant a full medical examination on _____ She is in good health and free from infection. In my opinion, she is physically and emotionally capable of participating in the programme and Pax Lodge for up to six months.

Physician / Doctor Printed Name _____

Physician / Doctor Signature _____

Date _____