



Jesus College Boat Club Medical Screening

Rower/cox name: (BLOCK CAPITALS)	
Date of Birth:	
Age last birthday:	
Home address:	
Postcode:	
Mobile phone number:	
Contact email:	
Course at university:	
Year of graduation:	
Emergency contact number:	
Name of emergency contact:	
Relationship to self (<i>e.g. mother</i>)	
Previous rowing experience:	
Can you swim >50M in rowing kit/clothing?	
Do you have any current or previous health problems which might affect your ability to row safely (<i>e.g. asthma, diabetes, epilepsy</i>)?	
Are you currently taking/using any medication that you may need while rowing? (<i>e.g. asthma inhaler, epi pen - If yes please list</i>)	
Do you have any physical disabilities or chronic injury problems (<i>e.g. bad back</i>)?	
Have you read and understood the club's safety plan?	
Do you consent to this data being held on file until you leave Jesus College?	

Signed.....

Date.....