

MEDICAL – IN – CONFIDENCE**1. PERSONAL DETAILS:** *(Please **print clearly** if completing the form by hand)*

Surname: _____ First & Second Names: _____ D o B: _____

Service No: _____ Rank: _____ Gender: _____ Unit: _____

NZCF Service: _____ Years _____ Months Date of Enrolment: _____

Street Address: _____

Suburb: _____ City: _____ Post Code: _____

Phone No's: Home: _____ Work: _____ Mobile: _____

Email: _____ Age at Start of Course: _____ Years _____ Months

2. COURSE DETAILS & TRAVEL:

Nominated as: Offr Staff: ☐ CDT Staff: ☐ Student: ☐ Course/Activity: _____

Dates: _____ Location: _____ Nominated previously: _____

If Yes, how many times? _____ Date(s) of previous nominations: _____

If selected, I request transport – From (town / city): _____ Return to (town / city): _____

If nominated for other courses over the same period, list them: _____

Course preference if accepted for multiple courses: _____

3. NEXT OF KIN:

Surname: _____ First Names: _____ Relationship: _____

Contact address for Next of Kin (for duration of course): _____

Phone No's: Home: _____ Work: _____ Mobile: _____

4. ALTERNATE POINT OF CONTACT: (Different Household from the Next of Kin)

Surname: _____ First Names: _____ Relationship: _____

Point of contact address for duration of course: _____

Phone No's: Home: _____ Work: _____ Mobile: _____

5. PREVIOUS NZCF COURSES ATTENDED AS A STUDENT OR STAFF MEMBER: (e.g. JNCO/Bushcraft/Commissioning/IT&TM)

Course(s) Attended:	Position:	Date: (mm/yy)	Course(s) Attended:	Position:	Date: (mm/yy)

6. CADET UNIT COMMANDERS DECLARATION:

I, (full name) _____, certify that to the best of my knowledge, the information contained in this application is true and accurate. I also certify that to the best of my knowledge the applicant meets **ALL** eligibility criteria for this activity, if they **do not**, a letter requesting dispensation is attached. I acknowledge that late, incomplete or ineligible nominations may result in the non-acceptance of this application. The cadet unit order of priority for this application, against any other personnel nominated for this course from my cadet unit is: _____

Date: _____

Signature: _____

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I, (full name) _____, hereby submit the following medical information:

Name of family doctor, (or the doctor to be contacted in the event of a problem): _____

Doctor's phone No: _____

After hours: _____

Surgery address: _____

- Do you currently have or are recovering from any **disease / sickness / injury / allergies / disorder**? ☐ Yes ☐ No
- Are you currently receiving any medical treatment? ☐ Yes ☐ No
- Are you taking any medication? ☐ Yes ☐ No
- Have you had a reaction to any medical drugs used? ☐ Yes ☐ No

If the answer to any of the above questions is **YES**, or if there is any other medical information that may be relevant, please provide details.

- Type and severity of injury / sickness / disease / operation / allergies / illness / disorder: _____

- Restriction on activities: _____

- Medication required to be stored? ☐ Yes ☐ No. **NOTE:** If a cadet fails or refuses to take a prescribed medicine then in accordance with the NZCF Medicines Policy that cadet may be removed from the course/activity.

- Medical drugs allergic to: _____

- When was your last **Tetanus** inoculation? _____ or **Tetanus** booster inoculation? _____

B. Dietary Requirements: Please state any special dietary requirements (state exact requirements, attach to form if required):

C. Learning: Do you have a learning disability? ☐ Yes ☐ No Is a reader/writer required for examinations? ☐ Yes ☐ No

If you replied yes to either of the above questions please outline the issue and any special requirements to be considered below.

D. Drivers Licences: Do you hold a Class 1 driver's licence? ☐ Yes ☐ No Do you hold a NZDF DDP? ☐ Yes ☐ No

Have you completed the NZDF Driver Fatigue course? ☐ Yes ☐ No

Applicants Signature: _____ Date: _____

8. PARENT / GUARDIAN DECLARATION FOR CADET UNDER 18 YEARS OF AGE:

I _____ declare that the medical information provided above, to the best of my knowledge, is accurate and true and consent to my son / daughter / ward, participating in the course detailed above, which may include any of the following activities:

Flying in military aircraft

Sailing / waterborne activities

Rifle safety / rifle shooting

Civil flying / glider flying

Travel in military vehicles

Bushcraft

Sailing in naval / merchant ships

Team sports / Physical training

Drill

I consent to my son / daughter / ward being treated by Medical Professionals if required and accept responsibility to pay medical fees should this be necessary. I also consent to NZDF Medics providing initial assessment during authorised activities, and in consultation with registered NZDF Medical Staff undertaking appropriate treatment.

Date: _____

Signature: _____

9. DECLARATION BY OFFICER OR CADET 18 YEARS OF AGE OR OVER:

I, (full name) _____ declare that the medical information provided above, to the best of my knowledge, is accurate and true.

Date: _____

Signature: _____

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