



MEDICAL INFORMATION: MANAGEMENT FOR PRE-EXISTING INJURY OR MEDICAL CONDITION

Any pre-existing health condition(s) which this activity may affect, will need to be communicated to the activity team leader. Further information is only related to health management while on site and nothing else.

Volunteer name:

What is the pre-existing medical/injury condition?

How serious is the medical/injury condition(s) if aggravated?

- | | |
|---|--|
| <input type="checkbox"/> Not serious, can be self-managed | <input type="checkbox"/> Could require medical treatment |
| <input type="checkbox"/> Could require hospitalisation | <input type="checkbox"/> Potentially life threatening |

How can we recognise that your condition has recurred or been aggravated?

What actions, situations or triggers need to be avoided on site?

What is the on-site emergency plan if aggravation occurs?

Volunteer's Signature: **Date:**

Initial:
(DEWNR officer or activity team leader)