

This form is for use in connection with RYA instructor's certificates.

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New applicant     Revalidation     Notification of change of circumstances

**NOTE**

1. The data recorded in this form is processed for the purpose of assessing your ability to discharge your duty of care as an RYA qualified instructor.
2. This form is designed to be completed by you and does not need to be signed by your doctor. However if you have doubts about any aspect of your fitness, you may wish to discuss these with your doctor before you complete the form.
3. If you answer "Yes" to any question or you have added qualifying remarks your form may require further assessment by the RYA Medical Assessor and you may be asked to submit to a formal medical examination.
4. It is your personal responsibility not to work as an RYA Instructor when you are temporarily or permanently unfit to do so from illness or injury. If after completing this form you develop any medical condition, disability or illness which may affect your fitness to work, in particular your ability to navigate a vessel and take responsibility for the safety of those in your care you must notify the RYA by completing a new Medical Questionnaire.

**PART A – PERSONAL DETAILS**

*(Please PRINT and use black ink)*

Surname \_\_\_\_\_ Forename(s) \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_

**PART B - MEDICAL REVIEW**

Please answer the following questions. If you answer "Yes" to any of the questions please provide details in the box at the bottom of this section.

Have you had evidence of Ischaemic heart disease or have undergone heart surgery?      Yes       No

Are you liable to epileptic seizures or sudden disturbances of the state of consciousness?      Yes       No

Do you suffer problems with heart rhythm, or have a disease of the heart or arteries?      Yes       No

Do you have abnormal blood pressure that is not well controlled with drugs?      Yes       No

Do you have diabetes?      Yes       No

Have you had a stroke, or unexplained loss of consciousness?      Yes       No

Have you had a severe head injury with continuing impairment?      Yes       No

- Do you suffer from Parkinson's disease, multiple sclerosis or neurological conditions? Yes  No
- Have you got a respiratory condition e.g. asthma? Yes  No
- Are you being treated for psychological or any mental health issues? Yes  No
- Have you had an alcohol or drug dependency problems within the last 5 years? Yes  No
- Do you have profound deafness or any other impairment which affects your ability to communicate clearly on the radio/telephone? Yes  No
- Do you have any visual impairment that would prevent you from working as an instructor? Yes  No
- Do you have any other condition which could have an adverse effect on your ability to properly discharge your duty of care as an instructor? Yes  No

If you have any additional information you would like to provide to support this Medical Questionnaire or in response to the above questions please use this space:

**PART C - DECLARATION**

I confirm that I have provided the information on this form for the purpose of assessing my suitability as an RYA Instructor. I understand that this information will be used for that purpose and will be retained for as long as necessary for the RYA to comply with it's legal obligations. I recognise that my information will be shared with the RYA Medical Adviser and that it may be necessary to contact my GP and or medical specialist.

I agree

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_



I declare that the information provided on this form is accurate to the best of my knowledge and that I have declared any condition which may impact my ability to act as an RYA Instructor. I also agree to submit to a medical examination if requested by the RYA.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_