

Participant Disclosure Form

Fit and Able to Participate in CRANApplus Course

Section 1: Personal Details	
Name:	
Position:	
Course Enrolled in:	
Date & Location of Course:	
Contact Phone & Email:	
Section 2: Disclosure of pre-existing injury or medical condition	
<input type="checkbox"/> No , I do not have a pre-existing injury or medical condition, and I am fit and able to participate in all activities and requirements of this course	<p>No further action, please sign and submit this form.</p> <p>X</p> <p><i>Signature, Full Name & Date:</i></p>
<input type="checkbox"/> Yes , I have a pre-existing injury or medical condition	<p>Please proceed to provide further information to assist CRANApplus in reviewing a support plan for you.</p>
Section 3: Assessment & Support Plans	
Please outline information necessary to understand your wellness or condition/s	
Are you currently taking any medication that may impact your wellbeing & safety in this course activity i.e. wellness, comfort, coordination skills, or may cause fatigue or impact concentration?	
<input type="checkbox"/> No <input type="checkbox"/> Yes , please outline:	
Please outline supports that CRANApplus could consider for your comfort and wellbeing during this course	
<p>By signing this disclosure, you are confirming that you have provided CRANApplus with all critical and important information to support risk assessment and consider your wellbeing in the course, and the wellbeing of others.</p> <p><i>Signature, Full Name & Date:</i></p> <p>X</p>	