

## YARMOUTH STADIUM HEALTH ENQUIRY FORM

Are you in good health at present?

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Are you currently receiving treatment from a doctor? If yes, please give us details.

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Have you had a period of sick leave from work, of more than one week in the past year? If yes please give details.

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Have you had any serious illness, physical or mental, or any operation within the last 5 years? If so please give details.

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Please give your doctor's name and address:

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Declaration: I give permission for Yarmouth Stadium to seek clarification of any health related matter, which I have declared.

Signed:

Date: