

## Appendix 4.7.4 Medical information and impairments form

### Private and confidential Medical information and impairments

*For full guidance on collecting personal medical information, in relation to compliance with the General Data Protection Regulations (GDPR), please see our Data Protection Policy*

Name .....

If you have declared that you have a medical conditions or physical/mental impairment that the organiser needs to be aware of because it may affect your ability to take part in the event, please provide details below.

#### Special category data

I confirm that I have given the organiser the medical information listed on this page (if any) for the purposes of my participation in the event. I understand that this information will only be used for that purpose and will be retained for as long as necessary to comply with the organiser's legal obligations.

I AGREE / I DO NOT AGREE *(delete as appropriate)*

Signed ..... Date .....

*Note: if the applicant is under 18 years old, this form should be counter-signed by a parent or guardian.*