

ALLERGIES QUESTIONNAIRE

STAFF IN CONFIDENCE

To: Mr J I Gordon

Name:.....

Section:.....

(Please use BLOCK CAPITALS)

- Allergic to Aspirin
- Haemophiliac
- Allergic to Stings
- Diabetic
- Taking Anti-coagulants
- Epileptic
- Taking Steroids
- Asthmatic
- Allergic to Tetanus Toxoid
- Wears Contact Lenses

(Please tick where applicable)

Other Allergies:

.....
.....

Other Conditions:

.....
.....
.....

Date: Signed:

N.B This information is accepted in complete confidence and is only for the purpose of avoiding side effects from treatments for injury. It will only be seen by departmental first aiders and medical personnel involved.