



CATHOLIC ASSOCIATION
ANNUAL PILGRIMAGE TO LOURDES 24th-31st August 2012

MEDICAL FORM

Dear Pilgrim,

If you would like to register as an Assisted pilgrim, either in a hotel or in the Accueil Notre Dame, please complete ALL SECTIONS of this form. You MUST register as an assisted pilgrim fill in order to stay in the Accueil, receive wheelchair assistance or to be considered for anointing by the clergy.

In contrast to previous pilgrimages, I DO NOT need you to complete this form if you do not wish to be registered as an assisted pilgrim in Lourdes. However, if you have a chronic medical condition which you feel would be beneficial for me to know about, or are not sure whether to register as an assisted pilgrim or not, please do not hesitate to contact me directly.

Information disclosed on this form will be available to the medical and nursing staff only and will be treated with the strictest confidence. Having a medical condition or being on medication does not preclude you from being a helper or contributing to the Pilgrimage in other ways.

Please read the information below about Lourdes if you are considering registered as an assisted pilgrim:

- The Accueil (Hospital) is in the Domaine near the grotto and we provide nurses, carers and doctors. It is best regarded as an exclusive Nursing Home! If you live in a Care or Nursing Home, or need lots of help at home, you should request to stay here.
- The Hotels do cater well for Assisted Pilgrims, but can be some way from the Domaine. You need to be able to walk up to 3 miles a day and look after yourself indoors.
- We can provide help with pushers and wheelchairs in Lourdes. If you need mobility help at the airport please let me know. Generally, we CANNOT supply wheelchairs at UK airports. If you have your own wheelchair, you should bring it with you, there is no charge for this. Electric wheelchairs can be used if can be partially dismantled.

If you are unclear whether you should register or not, or whether the Accueil or the Hotels would be most appropriate for your needs, please do not hesitate to contact me before sending in this form.

Please complete the relevant sections of the form **IN FULL** and return the form as soon as possible.

Please note that forms will not be accepted after the 15th July 2011.

Yours sincerely

Dr Adam Farmer MB BS BSc(Hons) PhD MRCP(UK)

Please send completed forms to:-
Dr AD Farmer, 55 Adamthwaite Drive, Blythe Bridge, Stoke on Trent, ST11 9HL
Tel 07880540584 Email a.farmer@qmul.ac.uk

PART 1 – PERSONAL DETAILS

Title & Full Name _____

Address including post code _____

Telephone Number _____

Date of birth & age _____

Diocese/Group with whom you are going to Lourdes with _____

Hotel where you are staying in Lourdes (if registering as a Hotel Assisted Pilgrim) _____

PLEASE TICK ONE OF THE BOXES

<input type="checkbox"/>	I WISH TO REGISTER AS AN ASSISTED PILGRIM STAYING IN HOTEL
<input type="checkbox"/>	I WISH TO REGISTER AS AN ASSISTED PILGRIM STAYING AT THE ACCUEIL NOTRE DAME

PART 2 – NEXT OF KIN DETAILS

Please state NAME, ADDRESS and TELEPHONE NUMBER of parents/guardians/next of kin.

Will anyone be accompanying you to Lourdes? If so, their name & contact telephone number.

(Registered hotel pilgrims staying in a hotel needing care MUST be accompanied by an able-bodied adult who can act as their carer although pushers can be provided if requested on this form.

PART 3 – MEDICAL DETAILS

Do you suffer from any allergies? IF "yes" please list: -	
Can you dress unaided?	Can you walk up 10 steps unaided?
Can you walk 1 mile unaided	
Do you have any special dietary requirements? If yes please list: -	
Do you use a wheelchair?	If "yes" are you going to bring your wheelchair to Lourdes with you?
Do you need a wheelchair to be provided in Lourdes?	
Do you need a pusher whilst at the airport?	
Do you need a pusher whilst in Lourdes?	

If it is considered necessary, may I have your permission to contact your GP for further information? YES or NO
I authorise my GP to provide medical information about me to the Pilgrimage Medical Officer.

Signed:

Date:

Name, address & telephone number of your GP _____

PART 4 – MEDICAL DETAILS – TO BE COMPLETE BY THE GENERAL PRACTITIONER

Dear Doctor, your patient has asked to register as a Pilgrim travelling by air to Lourdes with the Catholic Association. Please complete this part of the form for him/her. Computer printouts of medical summary sheets and current medications are acceptable.

Please list any medical problems

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

Please list any regular medication with dosages and frequency

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

Any further necessary information, e.g. continence, dietary requirements, stoma; excessive weight; problems with travel (pilgrim must be able to travel by plane, without need for in-flight oxygen, in upright seat for 90 minutes)

If any medical condition is diagnosed, or if you receive any additional medical treatment to that described above, between the completion of this form and the departure of the Pilgrimage, you must inform me in writing. Failure to do so might invalidate your insurance cover. If in doubt, contact me or check with your GP.

All pilgrims MUST bring 10 days supply of medications and dressings and EHIC card in case treatment required by French medical services.

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