

CATHOLIC ASSOCIATION MEDICAL FORM (1)
ALL PILGRIMS MUST COMPLETE THIS FORM

Section One – Personal Details		
Name:	Date of Birth	Address (Block Capitals)
Postcode:	Tel No	Mobile number
Email:	Diocese or Group	

Section Two – Emergency Contact Details during the Pilgrimage (Contact in the UK)	
Contact's Title and Full Name:	
Contact's Address and Postcode	
Contact's Telephone Number (Home):	Contact's Telephone Number (Mobile):
Email:	

Section Three: Accommodation		
Are you staying in a hotel? If so please insert the name of the hotel	Yes	No
Would you prefer to stay in the Accueil Notre Dame? In the Accueil Notre Dame you can have help with personal and medical care from Doctors, Nurses and Carers who are on duty all day and night	Yes	No
Will you be accompanied?	Yes	No

Section Four: Mobility Details					
Please remember that there is a need to walk to the services and processions. If you feel that this could be too much, please ask for a wheelchair					
	Yes	No		Yes	No
Do you usually use a wheelchair?			Do you need to be loaned a wheelchair in Lourdes?		
If yes, please confirm that you will be bringing your own to Lourdes.			Do you need to be loaned a wheelchair at the Airport?		
Do you use any mobility aids? If yes please state what:					
Will you be bringing your own wheelchair to Lourdes?				Yes	No
If yes, is your wheelchair MANUAL or MOTORISED ? (Please circle)					

Section Five: Medical Details					
Please list your medical problems: (Please continue overleaf if necessary)					
Do you have any problems with your memory? If yes please give details:					
Have you had any psychiatric care in the last 2 years? If yes please give details.					
Please attach your repeat medication list					
Do you suffer from any allergies? If yes please list:	Yes	No	Do you have any dietary requirements? (i.e. vegetarian, gluten free) If yes, please list:	Yes	No
Do you have a care plan? If so please include a copy					
Have you discussed with your doctor if you wish to be resuscitated in the event of a sudden collapse?				Yes	No
If you have discussed this and do not wish to be resuscitated, please bring the form explaining this with you if you have it at home					

Section six – GP Details	
Name of GP:	Practice address:
Practice phone number:	
I authorize my GP to provide medical information about me to the Pilgrimage Health Team	
Signed.....	Dated.....

Section Seven – Declaration	
I confirm that the information given in this form is, to the best of my knowledge, true complete and accurate, and I will inform the Health Team of any changes in my condition which may affect the answers given above.	
I agree to a member of the Hospitalité or medical team contacting me	
Signed	Dated.....

If you need help with funding to enable you to join the Pilgrimage, please contact your Diocesan Director
Please return this form to Dr. Nuala Mellows, Keepers Cottage, Wick Hill Lane, Finchampstead, Wokingham, Berkshire. RG40 3PY 07771 543422