

# Exercise 'VORTEX' 2017 - BIA

## EXERCISE ROLE PLAY / CASUALTY SELECTION / REGISTRATION CHECK LIST

(To be completed by each person participating in the exercise as a Role Player / Casualty.)

This checklist has been designed as a means of identifying any possible health conditions and situations that may stop you participating as a volunteer casualty in an emergency exercise.

Please present this form when completed to the Role-play Manager.

Strict confidentiality will apply to any documentation presented.

Name: .....

Address: .....

Mobile:..... Home/Work.....

Email address:.....

Age: .....

Special Dietary Requirements:.....

	Yes	No
Identification available	<input type="checkbox"/>	<input type="checkbox"/>
I have volunteered to participate in Exercise 'VORTEX'	<input type="checkbox"/>	<input type="checkbox"/>
I fully understand the nature of my required role	<input type="checkbox"/>	<input type="checkbox"/>
I have experienced a significant personal crisis in the last year	<input type="checkbox"/>	<input type="checkbox"/>
I have experienced a major personal incident in the past which is still a sensitive issue for me	<input type="checkbox"/>	<input type="checkbox"/>
I have an existing physical or psychological condition e.g. asthma, epilepsy, blood pressure anomalies, pregnancy, cardiac conditions, depression, back problems or similar condition	<input type="checkbox"/>	<input type="checkbox"/>
If on medication, I understand that I must inform the exercise Role-Play Manager before the commencement of the exercise	<input type="checkbox"/>	<input type="checkbox"/>
I agree to be available for review by medical personnel before the start of the exercise, if necessary	<input type="checkbox"/>	<input type="checkbox"/>

### Emergency contact details:

Name: .....

Address: .....

Phone Number: ..... Relationship: .....

Details of medical condition and medication: .....

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Signature at registration of exercise. .... Time: .....

Signature at completion of exercise. .... Time: .....

