

## CATHOLIC ASSOCIATION MEDICAL FORM (1)

**All pilgrims are asked to complete this form**, which will be held in confidence by the Health Team during our Pilgrimage and then destroyed after the Pilgrimage. Please complete it fully and accurately, to the best of your knowledge; the more our Health Team knows about your medical condition, the better able they are to provide you with appropriate assistance during your time in Lourdes. Depending on the information you provide we may send you a more detailed medical form to allow us to ensure that your needs are met in Lourdes.

### Section One – Personal Details

Title and Full Name:

Name by which you are known:

Address and Postcode:

Tel. Number (Home):

Tel. Number (Mobile):

Email:

Date of Birth:

Age:

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:

<b>Section Three: Mobility Details</b>					
	<b>Yes</b>	<b>No</b>		<b>Yes</b>	<b>No</b>
Can you manage stairs unaided?			Do you need to be loaned a wheelchair in Lourdes?		
Can you walk for 10 minutes unaided?			Do you need to be loaned a wheelchair at the Airport?		
Can you walk for 500 metres unaided?			Do you use any mobility aids? If yes please state what:		
Can you board a coach unaided?			Do you need help to wash and dress?		
Do you usually use a wheelchair?			Do you need help to use the toilet?		
If yes, will you bring your own to Lourdes?			Do you need a shower rather than a bath?		
If yes, is your wheelchair <b>MANUAL</b> or <b>MOTORISED</b> ? (Please circle)					

<b>Section Four: Medical Details</b>
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 list your current medication, or if easier attach your repeat prescription: (Please continue overleaf if necessary)

CAMF1

Do you suffer from any allergies? If yes please list:	<b>Yes</b>	<b>No</b>	Do you have any dietary requirements? (i.e. vegetarian, gluten free)If yes, please list:	<b>Yes</b>	<b>No</b>
Do you have a care plan? If so please enclose a copy					

**Section 5**

**All Pilgrims – Please tick one of the following boxes below  
(An Assisted Pilgrim is one who requires a wheelchair in Lourdes,  
or other assistance from the Health Team)**

	<p><b>I DO NOT WISH TO REGISTER AS AN ASSISTED PILGRIM</b></p> <p>(Please ensure that you have completed all of the Sections)</p>
	<p><b>I DO WISH TO REGISTER AS AN ASSISTED PILGRIM, STAYING IN A HOTEL IF YES, WHAT IS THE HOTEL NAME?</b></p> <p>(Please ensure that you have completed all of the Sections)</p>
	<p><b>I DO WISH TO REGISTER AS AN ASSISTED PILGRIM, STAYING IN THE ACCUEIL</b></p> <p>(Please ensure that you have completed all of the Sections)</p>

**Section Six - GP Details**

Name of GP:

Practice Address:

Practice Telephone Number:

I authorise my GP to provide medical information about me to the Pilgrimage Health Team.

Signed .....

Dated .....

**Section Six – Declaration**

Please detail any further relevant information, concerns or worries about the Pilgrimage that have not been covered:

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.

Signed .....

Dated.....

CAMF1

**If you need help with funding to enable you to join the Pilgrimage, please contact your Diocesan Director or Hospitalité Treasurer on address listed.**

**East Anglia:**

Deacon John Morrill [jsm1000@cam.ac.uk](mailto:jsm1000@cam.ac.uk) 07956536140

**Clifton:**

David Wakefield [Lourdes@cliftondiocese.com](mailto:Lourdes@cliftondiocese.com) 07711 834800

**Northampton:**

Michael Fleming [mvf@btinternet.com](mailto:mvf@btinternet.com) 01604 647750

**Southwark:**

Fr Edward Perera [fr.edward@btopenworld.com](mailto:fr.edward@btopenworld.com) 020 8399 9550

**Stonyhurst:**

Dr Nuala Mellows [nbmellows@aol.com](mailto:nbmellows@aol.com) 07771 543422

**Hospitalité Treasurer**

John Hirwe [050390@gmail.com](mailto:050390@gmail.com) 07504 083953

Alternatively, please contact Tangney Tours for advice on who to contact on 01732 886666

**Please return this form to Dr. Nuala Mellows, Keepers Cottage, Wick Hill Lane, Finchampstead, Wokingham, Berkshire. RG40 3PY 07771 543422**