



Westminster Diocesan Pilgrimage to Lourdes

Director: Rev. Fr. Andrew Gallagher, Pilgrimage Doctor: Dr Sian Davies, Chief Nurse: Veronica Farrow

Pilgrimage Office: Vaughan House 46 Francis Street London SW1P 1QN

Tel: 020 7798 9173 Email: lourdes@rcdow.org.uk

Dear Pilgrim,

The Pilgrimage Doctor has asked that all pilgrims complete and submit the enclosed medical and consent form. This will enable the Pilgrimage Medical Team to assess your medical or support needs for the Pilgrimage, and consult with your GP/Consultant or clinical team should it be necessary. Please return the completed form to **Dr Sian Davies, C/O Pilgrimage Office, Vaughan House, 46 Francis Street, London SW1P 1QN.**

The information disclosed by you will be available to the Pilgrimage Medical Team only and treated with the strictest confidence. In the event that you need to use French medical services during the pilgrimage, the information may be passed onto the team taking responsibility for your treatment and care.

All pilgrims need to send back their completed medical form prior to the start of the pilgrimage, even if there are no known illnesses or conditions. Health conditions will be reviewed on a case-by-case basis.

To comply with both French and British regulations the Pilgrimage Medical Team can only see and treat pilgrims who have completed the Medical Form. Pilgrims who choose not to complete a Medical Form would need to see a local French doctor, who can be contacted via their hotel reception, if they become unwell in Lourdes.

All pilgrims, Clergy and volunteers will need to complete a medical form. Those who may have additional medical needs will also need to submit supplementary medical information (e.g. Care Plans, Consultant's Reports). If assistance is needed to complete the medical form, please contact the Pilgrimage Office so we can organise someone to assist. Closing date for applications to the Accueil St Frai is 30th April 2024.

Kindly inform the Pilgrimage Doctor in writing if any new medical condition develops, or is diagnosed or your medical treatment or prescription changes before the Pilgrimage departure date. ***Failure to inform the Pilgrimage Doctor of any changes could invalidate your travel insurance cover.***

Thank you very much for your co-operation and I look forward to seeing you on the Pilgrimage in July 2024.

Yours sincerely

Fr. Andrew Gallagher

Acting Pilgrimage Director

Please read the following notes and information carefully before signing the form. Please do contact the Pilgrimage Office for advice if there is anything that you do not understand or for which you need clarification.

Guidance notes for the Pilgrimage

- Keep your prescribed medications clearly labelled in your hand luggage when travelling.
- Hand luggage is limited to 10 kilos per person. Liquids must be in containers of no more than 100mls. Containers must be put in a single transparent, resealable bag measuring approximately 20cm x 20cm. The contents need to fit comfortably inside the bag so it can be sealed (Gov.UK).
- Please take a 10-day supply of medicines with you.
- Asthmatics using a nebuliser must take it with them with a plug adaptor suitable for use in France.
- Please ensure you have a valid passport and an in-date European Health Insurance Card (EHIC, also known as GHIC) and take it with you on the Pilgrimage. GHIC is obtainable free of charge from www.ehic.org.uk or ring 0300 330 1350 if you have any queries.
- EHIC/GHIC does not replace travel insurance, so you must also have travel insurance. It is recommended that all participants in the Westminster Diocese Pilgrimage to Lourdes obtain appropriate travel insurance cover, especially in the event of a medical emergency or unforeseen incident. *If you do not have travel insurance, you will not be able to travel as part of the Diocesan Pilgrimage.*

Confidential
Medical Form
Westminster Diocesan Pilgrimage to Lourdes 2024

Title (Dr/Fr/Mr/Mrs/Ms/Mstr)	Home address
First Name:	
Surname:	
Date of Birth:	
Gender:	Town:
GHIC number:	Postcode:
GHIC expiry date:	Telephone numbers: Home:
Doctor's name:	Mobile:
Doctor's address:	Hospital consultant or other clinical team. <i>If applicable.</i>
Telephone number:	Hospital or NHS number:

Declaration and Consent

Protecting your privacy – Your personal details will be stored and used by the Diocese of Westminster for the purposes of running and administering the Lourdes Pilgrimage. Because they have to be shared with the Chief Pilgrimage Doctor and the Chief Pilgrimage Nurse, your specific consent is needed. Details of how we process your data, and your rights, are on the full Privacy Notice and can be found at: rcdow.org.uk/diocese/privacy-policy

I have read and understood the foregoing information and provided accurate information about any medical condition/s or disability. I *hereby give consent* to the Pilgrimage Doctor or nurse to contact my doctor, clinical team or care provider if required, to confirm my medical details or care needs.

Name:

Signature:

Date:

If the pilgrim is under the age of 16 years, the parent or guardian must also sign the form, and indicate their relationship to the applicant and provide their contact details.

If the pilgrim is aged over 16 years and unable to give consent themselves their representative should complete the details on the form, provide their own contact details and contact the Pilgrimage Office so that the Medical Professional Volunteers' team can consider the appropriate assessments and best interests decision (Mental Capacity Act 2005).

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Emergency Contact Details

Next of kin or your representative:	The relationship to you:
Name:	Husband / Wife / Partner / Carer / Sibling
Address:	Telephone numbers:
	Home
	Mobile
	Email:

Travel Arrangements

Please tick ✓ one

I am travelling with...:

a parish Parish name: _____

Contact number: _____

a group Group name: _____

Contact number: _____

someone else Their name: _____

Contact number: _____

independently of a parish or group

Mode of Transport

Please tick ✓ one

Aeroplane Train Coach

Jumbulance (*conditional on medical assessment or volunteer role*)

For pilgrims who are being taken to or collected from the airport or train station in the UK, please complete:

Name of the person taking you:

Name of the person collecting you:

Telephone contact details:

Telephone contact details:

Medical conditions, disabilities and allergies

Do you have any medical conditions or a disability? Yes No

If yes, please complete the relevant sections of the form below

If you have an allergy please complete the allergy section

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Medical Condition/Illness or Disability	Date Started

Medication Please list any medication you take and how often, or firmly attach an up to date repeat prescription list

Name of Medication	Dose/Number of Tablets	How Many Times a Day

Allergies If you have an allergy to any medication, food stuff or product please provide the details here

Mobility and Other Needs - Please tick ✓ all sections that apply

Deaf BSL user <input type="checkbox"/>	Hearing aid user <input type="checkbox"/>	Deaf/blind <input type="checkbox"/>
I cannot walk 10 steps unaided <input type="checkbox"/>	I cannot walk one mile unaided <input type="checkbox"/>	I use a wheelchair <input type="checkbox"/>

I use my own wheelchair and I intend to bring it to Lourdes

I would like a wheelchair & Red Cap during air or train travel

I would like wheelchair assistance in Lourdes

I intend to bring my own mobility aid *On page 5, please provide the make, model, dimensions (folded and unfolded), weight and battery type on any powered or non-collapsible mobility aids.*

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Support and Care Needs

Please provide information below about any care you receive at home from family or carers.
Please tick ✓ all sections that apply and provide as much detail as possible

I am able to care for myself and do not need assistance (*Go to page 5*)

I get help at home: (tick ✓ all that apply)

To wash and dress

To make my meals

To help me eat or drink

To use the toilet

To get into or out of bed

To move around

I have a care package at home

I have care times a day days a week

I have 24-hour care support

Please provide their name, phone number and email

I use specialist equipment at home

Please state what equipment is used (e.g. hoist or specialist bed)

My home has had adaptations to assist with my care

Please state what the adaptations are

I have regular visits from a health care professional (Doctor, Community Nurse, Therapist)

Please provide their name, phone number and email, and how often they visit

Recent Medical Assessments - Please provide detail of any recent attendances

Have you seen your GP recently? If yes, please state how many times and the reason for the visit/s.

Have you needed to contact 'NHS 111' in the last 3 months? If yes, please state how many times and for what reasons.

Have you needed to attend an Emergency Department/Urgent Care Centre for your medical condition(s) or had any hospital admissions because of your existing medical condition(s) or a new condition in the last 3 months? If yes, please say why and what treatment you received.

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Covid-19

Travellers no longer need to present a sworn declaration that they are not infected with COVID-19 and pledge to take an antigen test or biological exam upon arrival in France. However, in the event of a dangerous variant, a system requiring a negative virological test upon entering France may be reinstated for travellers arriving from countries believed to be at risk.

If there is anything else you need to tell us, please use the blank space below, adding a separate sheet if necessary. Thank you.

This form will be stored securely in Diocese of Westminster Pilgrimage Office records for 10 years and 1 day from 28th July 2024, after which it will be destroyed.