



## Westminster Diocese Lourdes Pilgrimage

Director: Fr Dennis Touw, Pilgrimage Doctor: Dr Sian Davies, Chief Nurse: Bernadette Herbert  
Pilgrimage Office: Vaughan House 46 Francis Street London SW1P 1QN  
Tel: 020 7798 9173 Fax: 020 7798 9011 Email: [lourdes@rcdow.org.uk](mailto:lourdes@rcdow.org.uk)

Dear Pilgrim,

The Pilgrimage doctor has asked that all pilgrims complete the enclosed medical and consent form. This will enable the pilgrimage doctor and nurse 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.**

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 staying in Accueil St Frai will need a completed medical form. 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 26<sup>th</sup> April 2020.***

The Pilgrimage Doctor must be informed in writing if any new medical condition develops, or is diagnosed or your medical treatment or prescription changes prior to the Pilgrimage departure date. Please check with your own doctor if in doubt. ***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 later in July.

Yours sincerely

*Father Dennis Touw*  
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, which *measures 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
- If you are an EU citizen, please ensure you have an in date European Health Insurance Card (EHIC) and take it with you on the Pilgrimage. EHIC is obtainable free of charge from [www.ehic.org.uk](http://www.ehic.org.uk) or ring 0300 330 1350.
- EHIC does not replace travel insurance and you must also have travel insurance. This is obtained from your travel provider or you can arrange your own insurance. *Tangney Tours will require proof of your insurance cover. If you do not have travel insurance, you will not be able to travel as part of the Diocesan Pilgrimage.*

## Westminster Diocese Lourdes Pilgrimage 2020 Medical Consent Form

Please complete the consent form in BLOCK CAPITALS and return it with the completed medical questionnaire to Dr Sian Davies, c/o Pilgrimage Office, Vaughan House 46 Francis Street, London SW1P 1QN.

I (full name) .....

Of (address).....

.....

..... Post Code.....

Give permission to the Pilgrimage Doctor to contact my doctor, to confirm my medical details.

Doctor's Name.....

Doctor's Address .....

.....

..... Post Code.....

Doctor's Telephone No. ....

### Declaration

**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](http://rcdow.org.uk/diocese/privacy-policy)

**I have read and understood the foregoing and give my consent to my details being used and shared:**

Signed \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: This declaration must be signed above by a Parent / Carer or Responsible Adult if the applicant is under 16 years of age:**

**PRINT NAME** \_\_\_\_\_

**Relationship to Applicant:** \_\_\_\_\_

## Westminster Diocese Lourdes Pilgrimage 2020 Medical Form

### Personal

Full Name..... Date of Birth.....  
Home Address.....  
Post Code..... Telephone No.....  
EHIC Number..... EHIC Expiry date.....

### Hospital Consultant (where applicable)

Name.....  
Hospital..... Tel No.....

### Next of Kin

Name..... Relationship to you.....  
Address.....  
..... Post Code.....  
Tel No ..... Mobile No.....

### Travel arrangements

Are you **travelling with a parish?** Yes  No   
Name of Parish.....  
Are you **travelling with someone?** Yes  No   
Name..... Tel/Mobile No.....  
Name of person **TAKING YOU** to the airport/train station .....  
Telephone/Mobile No.....  
Name of person **COLLECTING YOU** from the airport/train station .....  
Telephone/Mobile No.....

## Westminster Diocese Lourdes Pilgrimage 2020 Medical Form

**Do you have any Medical Conditions, Illnesses or Disability?** Yes  No

If yes, please give details including dates where relevant. If any illnesses started in the past year, please state when.

Illness/Disability/Medical Condition	Date Started
•	•
•	•
•	•
•	•
•	•

Please list any **MEDICATION** you take and how often you take them, **OR FIRMLY ATTACH AN UP-TO-DATE REPEAT PRESCRIPTION LIST**

Medication	Dose/Number of Tablets	How many times a day
•	•	•
•	•	•
•	•	•
•	•	•
•	•	•

Please list your **ALLERGIES** (for example, penicillin, eggs, nuts etc.)

•
•
•

<b>Are You?</b>		<b>Can You?</b>	
Deaf BSL User	Yes <input type="checkbox"/> No <input type="checkbox"/>	Walk up 10 steps unaided.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hearing Aid User	Yes <input type="checkbox"/> No <input type="checkbox"/>	Walk one mile unaided.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Blind/Deaf & Blind	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Do you</b> use a wheelchair?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Do you</b> intend to bring it to Lourdes?		Yes <input type="checkbox"/>	
No <input type="checkbox"/>			
<b>Would you</b> like a wheelchair available to you at Stansted?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Would you</b> like a wheelchair available to you in Lourdes?		Yes <input type="checkbox"/> No <input type="checkbox"/>	