

GREAT GLEN U3A PERSONAL RISK ASSESSMENT

Name of Member	
Activity / Event	

HAZARD	Yes	No	N/ A	Comments/ Mitigation
Physical Health and Fitness To include consideration of medical conditions, sensory impairments, disabilities, frailties and stamina, as appropriate				
Mental Health and Wellbeing To include consideration of memory, comprehension, concentration etc, as appropriate				
Special Personal Needs To include special dietary, medical and care needs etc, as applicable				
Other (please specify) 				

Completed by (Print Name)

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Signed **Date**