**GREAT GLEN U3A PERSONAL RISK ASSESSMENT**

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| --- | --- |
| **Name of Member**  |  |
| **Activity / Event** |  |

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| --- | --- | --- |
| **HAZARD**  | **Applies?****(Yes/No)** | **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) ……………………………………………………………………………**

**Signed …………………………………………………………………. Date …………………………………**