

# Application

## WAY UP Extra – September 2026

*Form B – MEDICAL INFO*

***To be completed by applicant's Doctor (general practitioner or specialist)***

**Applicant Name and Surname:**

DOB (dd/mm/yyyy):

**Full name and workplace address of medical professional completing form:**

Professional Role of the medical professional completing this form:

**Doctor Contact info (in case of Emergency)**

Phone Number:

Email:

*You may be contacted by the Campo Base staff for further clarification on the participant's health status, or in case of emergency.*

### **Medical History**

Cancer diagnosis:

Date of diagnosis:

Relevant Medical History:

Is the applicant currently receiving medical care related to the above? YES / NO (Describe)

Is the applicant receiving maintenance therapy? YES / NO (Describe)

Is the applicant in remission? YES / NO Date of remission:

Date and type of last chemotherapy (if relevant):															
Has the applicant received radiotherapy? YES / NO If so, when and in which part of the body:															
Please list surgeries related to cancer diagnosis and other surgeries:															
<p><b>SPECIAL CARE</b> (Please mark if any of these conditions/aids/therapies apply):</p> <p>Does the applicant have/use...</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Broviac/Central line</li> <li><input type="checkbox"/> Port-a-Cath</li> <li><input type="checkbox"/> Hemodialysis Catheter</li> <li><input type="checkbox"/> Insulin Pump</li> <li><input type="checkbox"/> Vision Loss (describe_____)</li> <li><input type="checkbox"/> Hearing Loss (de- scribe_____)</li> <li><input type="checkbox"/> Skin conditions (de- scribe_____)</li> <li><input type="checkbox"/> Wheelchair</li> <li><input type="checkbox"/> Crutches or Walking aids (de- scribe_____)</li> <li><input type="checkbox"/> Prosthesis (describe_____)</li> <li><input type="checkbox"/> Memory, Focus, Cognitive Challenges (describe_____)</li> </ul>															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="5" style="text-align: left; padding: 5px;">Medication / Current Treatment</th> </tr> <tr> <th style="width: 20%; padding: 5px;">Name</th> <th style="width: 20%; padding: 5px;">Dose</th> <th style="width: 20%; padding: 5px;">Route</th> <th style="width: 20%; padding: 5px;">Frequency/days</th> <th style="width: 20%; padding: 5px;">Notes</th> </tr> </thead> <tbody> <tr> <td style="height: 100px;"></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Medication / Current Treatment					Name	Dose	Route	Frequency/days	Notes					
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Name	Dose	Route	Frequency/days	Notes											
Can the applicant self administer medication/therapies? YES/NO															
Other pathologies we should know about :															



Has the applicant been advised to abstain from practicing any sport/physical activity?

Additional Notes:

**Privacy and personal data of MEDIC**

Having read the information on EU REGULATION 2016/679 reported at the bottom/attached,

I AUTHORIZE                      I DO NOT AUTHORIZE (please circle one)

Castel Campo and Associazione Campo Base APS ETS to carry out/have carried out the processing of my personal data for the purposes and with the methods indicated in the information itself.

**WE WILL ONLY FILE MEDICS' DATA FOR THE PURPOSE OF PROCESSING THIS FORM.**

**WE MUST HAVE YOUR CONSENT OR THIS FORM IS VOID.**

Date:

Stamp and signature:

INFORMATION ON THE MANAGEMENT AND STORAGE OF PERSONAL DATA FOR PARTICIPANTS

BELOW YOU WILL FIND THE INFORMATION REQUIRED BY CURRENT NATIONAL LEGISLATION AND EU REGULATION 2016/679

<b>Who we are</b>	Associazione Campo Base APS ETS is a not-for profit, and promotes assistance and support initiatives in the social sphere, especially for people with serious illnesses or psychosocial distress and is the Data Controller of your data.
<b>What obligations do you have?</b>	We remind you that you have the right to decide whether or not to provide us with the requested data, but otherwise we will not be able to proceed with registration and participation in activities with Campo Base.
<b>What data we process</b>	For the purposes indicated in the information, we will process <b>common personal data</b> and in particular personal data (name, surname, address, telephone number, e-mail and other contact details) and <b>particular personal data</b> such as those relating to the state of health.
<b>Why and how we process your data</b>	<p>We use IT and paper tools to process the data you provide, in order to manage your participation in our activity; in particular, your data is processed to allow the administrative and insurance management of your participation or association, and to allow qualified staff to consciously and preparedly manage your participation in our activities.</p> <p>Once you have completed your participation in our activities, your data will be archived electronically in suitable media (database and software), and for short periods in paper form; this support will then be destroyed.</p> <p>Common personal data and contacts may also be stored on mobile devices and used for communications relating to the association's activities by telephone, text message, email and other messaging services.</p>
<b>On what basis we use your data</b>	<p>The processing of your data is based <b>on consent</b>. In the case of members, it is based on the <b>associative and participatory relationship</b> itself.</p> <p>We remind you that the data we request from you is essential for the correct planning of the activities with you, in order to guarantee an experience that is as safe as possible and adapted to the needs of the participant.</p> <p>If you do not intend to give consent, please contact us for further information on your participation at <a href="mailto:info@associazionecampobase.org">info@associazionecampobase.org</a></p>
<b>To whom we will forward your data</b>	<p>The data collected may only be known to personnel specifically in charge of processing operations and may be communicate to:</p> <ul style="list-style-type: none"> <li>- Internal staff at Campo Base, both paid and voluntary;</li> <li>- Staff of supplier companies who may need them to carry out their work as best as possible (canteen);</li> <li>- External consultants who plan activities and who need this information for their correct management;</li> <li>- Law firm (in case of disputes);</li> <li>- Insurance bodies (if necessary).</li> </ul> <p>The data processed <b>will not be disclosed, much less transferred to third parties, nor shared</b> . They will be communicated to other qualified parties exclusively to carry out the operations of the association and to provide information on the activities of the Association. The data will not be transmitted outside the European Union.</p>
<b>How long we will keep your data</b>	<p>We will retain your data in our archives for the period necessary to manage your participation and in view of your subsequent participations, to document our activity and also to respond to your data recovery needs.</p> <p>In any case, the data will be kept for a <b>maximum of five years from your last participation</b> . After that, only some of these will be preserved for reasons of historicity, but they will be made anonymous.</p> <p><b>For members of the association</b>, the personal data relating to the members register will be kept according to the <b>terms of the law</b>.</p> <p>It is understood that your data will be immediately deleted in the event of your signed cancellation of the Membership or at any time in which you decide to exercise the <b>right to be forgotten (deletion) of the data</b>; in this case we will no longer be able to honor what is stated in the signed membership.</p>
<b>What obligations do we have towards him</b>	<p>We have an obligation to respond to your requests to know how and why we process your data; we also have the obligation to correct incorrect data, integrate incomplete data and update data that is no longer accurate; finally, we have the obligations to delete the data and limit the processing; we are obliged to stop processing if you no longer agree; we are obliged to provide you with the personal data concerning you in a commonly used and readable electronic format or to transmit them to another Data Controller indicated by you.</p> <p>If necessary, contact us via email at <a href="mailto:info@associazionecampobase.org">info@associazionecampobase.org</a> so as to verify together whether all the conditions required by law are met and to enable us to respond to your requests in the quickest and most effective manner.</p>
<b>Who can you turn to in case of our shortcomings?</b>	<p>If the response from us is not satisfactory, you can contact the Data Protection Guarantor. <a href="http://www.garanteprivacy.it">www.garanteprivacy.it</a></p>

For further information or clarifications you can contact us at [info@associazionecampobase.org](mailto:info@associazionecampobase.org) or at +39 3474859654.