

# SELF EXAMINATION APPLICATION FORM

Thrill Laboratory experiments ~~not to be performed on members of the general public or animals~~  
**AT MATHEM HORROR FILM FESTIVAL FROM 30<sup>TH</sup> OCTOBER TO 1<sup>ST</sup> NOV**

Return completed application form to:

~~Rampart Secure Hospital~~  
BOX OFFICE ry  
BROADWAY CINEMA rd  
14-18 BROAD STREET re  
NOTTINGHAM PD  
NG1 3AL 21  
TEL: 0115 9526611

Please complete sections A to D, supplying all information requested, ticking required boxes, and signing section C.

In section D, please select the answer that best reflects your preference; or where you are not sure, select the answer you dislike the least. You must answer all questions.



Approved carers must  
**Applications must be received by midday 19th October.**  
**Only shortlisted applicants will be contacted.**  
**Shortlisted applicants will be contacted by 26th October.**

lab use only  
A  B  C  D

## INFORMATION : for patients and carers

Patients will be chosen for their spectrum of sensitivities to horror and fitness for examination. Selection will be based on answers given in this application form.

A shortlist of selected applicants will be contacted to discuss appointment availability. Patients will be selected on a first-to-answer-the-phone-and-say-yes basis.

Patients are expected to arrive 45 minutes before their examination, and required to attend a 20 minute post-examination counselling session. Full details will be given.

lab use only  
A  B  C  D

## SECTION A : patient physiology profile

Y N - Please tick appropriate box

1.   Are you aged under 18 or over 69?
2.   Do you have any of these: waist larger than 36", height taller than 5'11", weight heavier than 14stone?
3.   Are you unable to comfortably sit in a wheelchair seat 41cm wide for 90minutes?
4.   Has a doctor said you have a heart condition or should only participate in supervised physical activity?
5.   Do you ever feel pain in your chest during physical activity?
6.   Have you experienced chest pains when not doing physical activity?
7.   Do you suffer with palpitations?
8.   Do you experience [redacted] dizziness or fainting?
9.   Do you have high blood pressure, or taking medication for blood pressure or other heart condition?
10.   Do you experience shortness of breath during only mild exertion?
11.   Do you suffer from either Asthma or Diabetes Mellitus?
12.   Are you currently taking any prescribed medication of which we need to be made aware?  
Please state if yes.....
13.   Are you pregnant or have you given birth [redacted] in the last 6 weeks?
14.   Have you recently undergone surgery or are you carrying any injury?
15.   Are you aware of any other reason why you should not participate without medical supervision?  
Please state if yes. ....

**REQUESTED BY  
CERTIFICATE  
PRE-SIGNED**

## SECTION B : patient examination consent

Please tick box to show you have read and agree to the statement below.

I hereby grant Thrill Laboratory (TL) the right to record, use, exhibit, reproduce and broadcast TL related photographs, video, bio-signals or any other information of or about me (the person signed in section C) and any related derivative works arising from my participation in a Self Examination. I agree to TL publicly exhibiting such information live during the recording process.

I understand that this recorded information of me may appear worldwide in any of the wide variety of media formats available now, or in the future, including medical textbooks and autopsy reports.

All recorded data will be processed in accordance with the Data Protection Act 1998. All information you provide in sections A and D will be anonymised, held in the strictest confidence, and destroyed after Self Examination.

