

X-PHYSIQUE 2010 HEALTH DECLARATION FORM

NO	QUESTIONS	YES	NO
1	Do you have any heart conditions? If yes, please state whether your doctor allows you to perform any physical activity : _____		
2	Are you currently on prescribed drugs for any heart conditions or blood pressure?		
3	Do you feel pain in your chest area whenever you perform physical activities?		
4	Have you felt any chest pain in the previous month, even when you are not performing any physical activities?		
5	Do you have asthma problems? If yes, please state whether your doctor allows you to perform any physical activity : _____		
6	Have you ever had unusual or extreme shortness of breath, during or after exercise?		
7	Have you ever lost consciousness or balance due to dizziness after a strenuous activity?		
8	Do you have a bone or joint condition that can be made worse by engaging in a physical activity?		
9	Are you aware of any physical conditions that you may have that renders you unsafe for strenuous physical activities?		
10	Have you ever lost consciousness due to exercise, emotion or startle?		

** If any of the above answer is "Yes", please consult a doctor and get certification that you are fit before joining the event. Please submit the doctor's letter or memo for the organisers' records.

I am fully aware of the risks involved. I declare that I am physically fit and have sufficient training to take part in the event and have not been otherwise advised by a qualified medical person. I confirm that I will not hold the organization (NTU Sports Club, Sports and Recreation Centre, Student Affairs Office), its servants and agents responsible or in any way liable for any death, disability, personal injury, loss of property or any other loss howsoever arising from any cause whatsoever in connection with the event or my participation therein.

Name of Participant: _____

Signature: _____

Date: _____