

Netballuxion 2016

Health Declaration:

Before you sign up for the above named event, here are some questions to answer to assess whether you are physically well and fit to participate in the above named event.

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
2. Do you feel pain in your chest when you do physical activity?
3. In the past month, have you had chest pain when you werenot doing physical activity?
4. Do you lose your balance because of dizziness ordo you ever lose consciousness?
5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
7. Do you know of any other reason why you should not do physical activity?

Declaration

For your own safety, you are not allowed to participate in the above named event if none of the below declarations apply to you.

- ☐ My answers to all the above questions are 'No'. I would like to declare that I am physically well andfit to participate in and undertake the rigours required by the above named event.
- ☐ I have answered 'Yes' to one (1) or more of the above questions. However, I would like to declare that I had seek a licensed medical practitioner, and my medical practitioner had certified me physically well and fit to participate in and undertake the rigours required by the above named event.

I declare that the information provided above is true. I shall dutifully report to the organisers of any physical discomfort that may rise out of my involvement in the above named event. I will inform the organisers to reflect any change in my answer above once it is known.I hereby fully consent the event organisers collecting my personal data (including with third parties in or outside of Singapore) for the purpose of this health declaration to facilitate the organising of the above named event.

Participant's Name: _____

Signature & Date: _____

Parent's Name: _____

(For those under 18 years of age)

Signature & Date: _____

Note: This health declaration form is only valid for participants aged between 15 and 69. For those not within the range, they are to seek a medical practitioner for advice whether they are fit to participate in the event.