

National Vertical Marathon 2010 Health Declaration Form

Please circle either Yes or No for the following questions:

1.	Do you have any heart condition that requires recommendation from a doctor before carrying out any physical activities? If yes, please state whether your doctor allows you to perform any physical activities: _____	Yes / No
2.	Are you currently on any prescribed drugs for any heart conditions or blood pressure?	Yes / No
3.	Do you feel pain in your chest area whenever you perform physical activities?	Yes / No
4.	Have you felt any chest pains in the past month, even without performing physical activities?	Yes / No
5.	Have you ever lost consciousness, or lost balance due to dizziness, after strenuous activities?	Yes / No
6.	Do you have any Asthma problems? If yes, please state if your doctor allows you to perform any physical activities: _____	Yes / No
7.	Have you ever experienced unusual or extreme shortness of breath during or after exercise?	Yes / No
8.	Do you have any bone or joint conditions which may be worsened by engaging in strenuous activities?	Yes / No
9.	Are you aware of any physical conditions that you may have which renders strenuous physical activities unsafe for yourself?	Yes / No
10.	Have you ever lost consciousness due to exercise, emotions or startle?	Yes / No

If any of your answers to the above questions is "Yes", please consult a doctor and get medical certification to prove your fitness before joining the event. Please submit this form, together with any medical certificates if necessary, with the Registration form. Alternatively, you may also bring down this form and the necessary documents to submit to us on our event day. Thank you.

Declaration:

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, agents and Sponsors 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 (NRIC/Passport No.) of Participant: _____

Signature: _____

Date: _____