

**MEDICAL APPLICATION FORM**

**FOR PEC SWIMMING POOL AND FITNESS CENTRE (Gym)**

To be completed by ALL persons - for solo use well before using these facilities

**Section A. Medical History**

To be completed in examining doctor's presence. (PLEASE COMPLETE THIS FORM IN BLOCK LETTER)

NAME: _____	Date of Birth: __ day __ m __ year
PEC ID NO.: _____	Sex: <u>Male/Female</u> AGE _____
CLASS/DEPT: _____	E-MailID: _____
ADDRESS: _____	Post Code: _____
TOWN/CITY: _____	STATE _____      Mobile No: _____

Have you ever suffered at any time from any of the following?

- |   |                      |
|---|----------------------|
| 1. Ear trouble, earache, discharge or deafness  | YES / NO             |
| 2. Sinus trouble  | YES / NO             |
| 3. Chest disease, including asthma, bronchitis, collapsed lung or TB                                      | YES / NO             |
| 4. Attacks of giddiness, blackouts or fainting  | YES / NO             |
| 5. Fits, nervous disorders, persistent headaches or concussion  | YES / NO             |
| 6. Anxiety, "nerves", nervous breakdown   | YES / NO             |
| 7. Diseases of the heart and circulation, including high blood pressure                                   | YES / NO             |
| 8. Do you have diabetes   | YES / NO             |
| 9. Do you regularly or frequently take any medication<br>or other treatment with or without prescription  | YES / NO<br>YES / NO |
| 10. Are you currently receiving medical care, or have you<br>consulted any doctor in the past year        | YES / NO             |
| 11. Have you ever been refused life insurance<br>or failed a medical examination                          | YES / NO<br>YES / NO |
| 12. Have you attended or been admitted to hospital  | YES / NO             |
| 13. Have you had a previous medical for any swim/sports competition<br>If YES was the result satisfactory | YES / NO<br>YES / NO |
| 14. Eyesight - is your eyesight within normal limits  | YES / NO             |
| 15. Any history of head injury  | YES / NO             |
| 16. History of Surgery  | YES / NO             |

If the answer is YES to ANY of these questions, please give further details:

I hereby declare that to the best of my knowledge, I am in good general health and that I have not omitted any information that might be relevant to my fitness to swim OR gym OR exercise. I authorise my medical doctor/attendants to disclose any detail of my past or present medical history if requested to do so by a PECUT Official. I also agree that relevant information about my health may be disclosed to the persons directly concerned with my attempt to Swim or Exercise or Gym. **I DECLARE THAT I WILL INFORM THE OFFICIALS OF PECUT SPORTS DEPT. OF ANY MEDICAL CONDITION THAT OCCURS AFTER THE PRESENTATION OF THIS MEDICAL APPLICATION FORM AND BEFORE I MAKE MY ATTEMPT TO SWIM OR EXERCISE OR GYM.**

**SIGNED: (applicant)** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SIGNED: (Examining Doctor)** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MAKE SURE THIS SECTION IS FILLED IN FULLY AND SIGNED!**

USER'S FULL NAME: \_\_\_\_\_

**Section B. FOR THE EXAMINING DOCTOR**

The above named person wishes to be examined with a view to checking his/her physical fitness to participate in an attempt to swim or Exercise or Gym in PEC Swimming Pool and Fitness Centre (Gym). Please bear in mind that these physical undertakings are arduous.

Height: \_\_\_\_\_ Metres. Weight: \_\_\_\_\_ Kg. Build: \_\_\_\_\_

ENT: \_\_\_\_\_ Is hearing impaired \_\_\_ YES / NO

CHEST \_\_\_\_\_ pulse \_\_\_\_\_

CARDIOVASCULAR SYSTEM \_\_\_\_\_ BP \_\_\_\_\_

URINE: Albumen \_\_\_\_\_ Glucose \_\_\_\_\_

JOINTS & LIMBS \_\_\_\_\_

NERVOUS SYSTEM \_\_\_\_\_

SKIN/CONTAGIOUS DISEASE \_\_\_\_\_

**REMARKS:**

After examination, I consider this applicant (named above) to be -- **FIT - or - UNFIT** -- (Please delete one of the categories) to attempt to Swim or Exercise or Gym

Signature of examining doctor \_\_\_\_\_ Date. \_\_\_/\_\_\_/\_\_\_

DOCTOR'S NAME \_\_\_\_\_ or Doctors Stamp:

ADDRESS: \_\_\_\_\_

TEL no \_\_\_\_\_ (Has **FIT/UNFIT** declaration been completed?)

Note: Any fee in respect of this medical examination is the responsibility of the person named.

BOTH MEDICAL CERTIFICATES (Section A. Medical History and Section B. Medical Examination) MUST BE COMPLETED IN FULL AND RETURNED TO THE PEC SPORTS OFFICE AS SOON AS POSSIBLE BUT AT LEAST ONE WEEK BEFORE YOUR ENTRY TO SWIM OR EXERCISE OR GYM.

**INCOMPLETE FORMS WILL BE RETURNED & YOUR APPLICATION DELAYED.  
ANSWERS ALL QUESTIONS & CHECK THE FORMS FULLY BEFORE SUBMITTING.  
KEEP A COPY FOR YOUR RECORDS.**

Make sure you and your doctor has signed in all the relevant places and Crossed out either the **"FIT or UNFIT"** part of the declaration in "section B"

**Have all questions been answered in full?**