



Health Declaration of Participant

Name of Participant : _____

Team Member No. : _____

.....
**Please delete when appropriate*

Health declaration :

1. Do you have any particular mental situation which our staff need to be aware of ? YES / NO
2. Have you undertake any surgical operation or suffer from injury or bone fracture situation? YES / NO
3. Have you suffered from pneumonia, glandular fever, tuberculosis or other infectious diseases previously ? YES / NO
4. Have you suffered from head injury, concussion, dizziness or phobia ? YES / NO
5. Have you suffered from hearing or sight problem, nasosinusitis or skin disease such as eczema or tinea ? YES / NO
6. Have you suffered from hemophilia or bleeding problem 、obstetric & gynecology disease ? YES / NO
7. Have you suffered from digestion or stomach trouble or any kind of food allergy? YES / NO
8. Are you undertaking any medication or medical treatment? Have you suffer from prolonged diseases e.g. asthma, heart attack , epilepsy? YES / NO
9. Do you have abnormal reaction towards heat and coldness or allergic to honey medication? YES / NO

If any, please specify the state, date and inducement of illness (e.g. the cause of asthma) and other special arrangement needed.

- 10 Do you have once participated Inner Challenge or other public outdoor adventure activity.? YES / NO

If any, please state _____

Declaration : I, the undersigned, declare that the above information is true, complete and up-to-date according to real situation.

Signature:

Date:
