



OUTWARD BOUND SABAH™

to serve, to strive and not to yield

MEDICAL DECLARATION FORM

INFORMATION FOR APPLICANTS

*Many attend courses in spite of medical constraints and OUTWARD BOUND SABAH encourages and supports this effort and commitment. It is however important that we know of any problem area(s) as it is in your interest and ours. Please complete the following questionnaire fully and honestly. All information provided on this form will be treated as **CONFIDENTIAL**.*

If your Course involves a wilderness expedition outside the centre, please bring this Form to a certified Medical Examiner for medical examination. All sections of the forms must be completed by the Medical Examiner. An applicant will only be accepted for the Course if Certified Fit by the Medical Examiner. Medical Examination fee is to be borne by the applicant/organization. Your medical examination should not be done more than 3 months before the Course.

INFORMATION FOR MEDICAL EXAMINER

OUTWARD BOUND Courses are conducted outdoors in all weather conditions and would involve participants in many hours of vigorous activities such as rock-climbing, abseiling, kayaking, ropes courses, land and sea expeditions.

The Medical Examiner is requested to make particular note of any history of bone or joint injury and carefully assess the risk of further injury arising from the Course activities. The Medical Examiner should not hesitate to assess as 'unfit' an applicant considered unlikely to cope with the Course.

Participants receiving medication are advised not to participate in OBS Course.

FORM SUBMISSION

*The completed Form must be submitted together with the completed Registration Form to **OUTWARD BOUND SABAH, KINARUT, JALAN PAPAR BARU 89600 PAPAR, SABAH, MALAYSIA** or **FAX: 088-750312** or **EMAIL: info@outwardbound.com.my**.*

Important Note for Applicant

If you contract any illness or disease between submission of the Medical Form and the commencement of the Course, it is important that you consult a doctor and keep Outward Bound Sabah informed.

*Should you require further clarification or if you have any inquiries, please contact the **PROGRAMME COORDINATOR** at **088-750311**.*

PART I – MEDICAL HISTORY (To be completed by ALL Applicants)

SECTION A: Is there a history of / have you ever had:	NO	YES	If YES, please describe
(a) Chest pain, High blood pressure, heart problems eg. Heart murmur, extra heart beat or other heart abnormality			
(b) Asthma, Bronchitis, Tuberculosis, Sinusitis, Other lung problems			
(c) Fits, Epilepsy, Fainting Attacks, Migraine, Sever head injury			
(d) Eye problems/poor vision			
(e) Ear problems/deafness			
(f) Nervous illness			
(g) Diabetes			
(h) Allergy to medicines/food/others			
(i) Bone or joint injury			
(j) A carrier status for any infectious disease?			
(k) Medical treatment within last two years			
SECTION B: Is there a need for / do you require?	NO	YES	If YES, please describe
(a) Routine Medication			
(b) Special dietary requirement			
SECTION C: Is there / Do you have	NO	YES	If YES, please describe
(a) Any other medical information of note, e.g. pregnancy, physical disability. Please specify.			
SECTION D: Tetanus Immunization (Compulsory)	Date of Last Immunization:		
SECTION E: Height: _____ (CM)	Weight: _____ (KG)		

PART II – MEDICAL DECLARATION BY PARTICIPANT

I declare that all the information provided above are true. I am currently not suffering from any acute ailments or diseases.

Name of Participant

Signature of Participant

PART III – CERTIFICATION OF FITNESS (to be completed by Medical Examiner)

I have this date _____ examined (*name of participant*) _____

and found *him / her *FIT / UNFIT to participate in the Outward Bound programme. (**underline where necessary*)

Remarks (if any): _____

Name of Doctor

Contact No:

Clinic Stamp:

Signature