MEDICAL SELF-DECLARATION

NAME: ____________________________________________

TICK (/) AT APPROPRIATE BOX
Have you contacted or receiving treatment for any following illness:

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>i.</td>
<td>Asthma</td>
<td></td>
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<tr>
<td>ii.</td>
<td>Heart Attack</td>
<td></td>
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<tr>
<td>iii.</td>
<td>High Blood Pressure</td>
<td></td>
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<tr>
<td>iv.</td>
<td>Diabetes</td>
<td></td>
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<tr>
<td>v.</td>
<td>Epilepsy</td>
<td></td>
</tr>
<tr>
<td>vi.</td>
<td>Disfigurement</td>
<td></td>
</tr>
</tbody>
</table>

STAFF DECLARATION:

I, ____________________________________________, I.C No & Staff No ____________________________, hereby declare that all information declared is truthful.

__________________________
Staff Signature

__________________________
Date

DOCTOR’S MEDICAL REPORT:

1. Heart Beat: _______ bpm
2. Blood Pressure: ___________
3. Blood Glucose: ___________
4. ECG: _______________________

Comment: ____________________________________________

I hereby declare that the staff;

☐ Does not suffer from any illness, certified healthy and fit to take part in SHAPE ‘Fit & Fun’ No.3/2016

☐ Suffer illness of ____________________________ and allowed/not allowed to take part in SHAPE ‘Fit & Fun’ No.3/2016

__________________________
Signature & Stamp

__________________________
Date