



Additional Medical Questionnaire

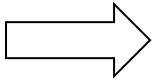
2019 Applicants – To be used with Annual Membership Application

STRICTLY CONFIDENTIAL

Please Fully Complete Sections 1 and 2 as indicated by the Arrows, writing Clearly & Legibly
- Parent/Legal Guardian to complete on behalf of Applicant if under 18 years of age.

Additional questions are required relating to Health & Medical Background. If these are not sufficient, we may ask for Certification from your General Practitioner. This Document is used in conjunction with the original Annual Membership Application.

NTX TaeKwon-Do schools has to consider all the risks and benefits to potential new students. We do not guarantee that your application to join will be successful.

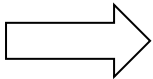


Section 1 - Personal Details

SURNAME: _____

FORENAME: _____

DATE OF BIRTH: ____ - ____ - ____ MALE / FEMALE



Section 2 – Further Medical Questionnaire

This section will be treated in Strict Confidence. If the answer to any of these questions is “Yes” or you are unsure, please give details below:

1. Please state the nature of the principal Medical Problem:
2. Have you been treated successfully for this disorder? Also, is it likely to recur?
3. What medications do you currently take?
4. Has this condition resulted in you being refused membership of any Sports Club, Gym, Health Club, or any other organisation which participates in Sporting Activities?
5. Have you ever been advised not to participate in Contact Sports?
6. Have you ever suffered a fracture or dislocation? Ifs so, which limbs were involved and did the total healing time exceed 3 months?
7. Can you safely sustain a direct blow equivalent to being ‘winded’ to the head, back, chest, limbs or abdomen without sustaining a serious injury, such as fracture, dislocation, fainting or loss of consciousness?

8. Do you suffer with Chest Pain or Breathlessness at rest or on exertion?
9. Can you climb a flight of stairs without stopping?
10. Can you resume normal activities or talk in conversation, immediately after doing this?
11. Do you use any walking or disability aids?
12. Has your condition ever necessitated the use of a wheelchair?
13. OVER 17 YEARS: Are you licensed to drive a car without restriction? Can you ride a pedal bike without difficulty?
14. Finally, are there any contributing factors (Medical, Social, Psychological) which, on balance, are important in considering your application to train in Martial Arts?

Please sign to say that you have read and answered fully all the questions set out above and that no other information can be offered at this stage

Signed : _____
(Applicant or Legal Guardian if Under 18 years of Age)

Print Name of Applicant: _____
Date: _____

Section 3 – Instructors – TO BE COMPLETED BY INSTRUCTOR

Confirm Full Name: _____ Confirm Date of Birth: _____

Has the Student participated in training so far?

Was there any apparent difficulties with training?

Instructor Signature: _____ Date: _____

Section 4 – Administration – TO BE COMPLETED BY HEAD OFFICE

Date Application Received: _____ Approved: Y / N

Medical Certificate Required: Y / N

Class: _____
AM Number: _____
AM Expiry Date: _____