



**LIFESAVING**  
AFRICA RESCUERS

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**Health Declaration Form**

This medical form helps us to ensure a safe experience for you. We urge you to be completely thorough in providing us with the information requested. Failure to disclose any required information could be harmful to you and also to our training sessions. Information provided will be kept in strict confidence.

**Personal Information**

Student ID \_\_\_\_\_

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Age \_\_\_\_\_

Gender \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Relationship \_\_\_\_\_

Emergency Contact No \_\_\_\_\_

**Medical Condition**

Have you ever had the following medical condition(s)? Please put a “✓” in the box(es) below:

<input type="checkbox"/> Anemia	<input type="checkbox"/> Hereditary disease
<input type="checkbox"/> Asthma	<input type="checkbox"/> Measles
<input type="checkbox"/> Cancer	<input type="checkbox"/> Mental disease
<input type="checkbox"/> Cardiovascular diseases	<input type="checkbox"/> Physical handicap
<input type="checkbox"/> Convulsion	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Viral hepatitis
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Visual defect
<input type="checkbox"/> G6PD deficiency	<input type="checkbox"/> Whooping cough
<input type="checkbox"/> Hemophilia	<input type="checkbox"/> NONE of the above
<input type="checkbox"/> Hearing defect	<input type="checkbox"/> OTHER, please specify: _____

If you have had the any of the above medical condition(s), please provide further details:

**Allergies / Dietary Restrictions**

Do you have any allergies or dietary restrictions?

Yes

No

If yes, please specify:

### Hospitalization

Have you ever undergone any surgery or been hospitalized for observation or treatment in the past 3 years?

- Yes  
 No

If yes, please specify:

### Medication

Are you on medication at the moment?

- Yes  
 No

If yes, please specify:

### DECLARATION AND DISCLAIMER

I hereby declare that the above information provided is, to the best of my knowledge, complete and true.

I certify that I am physically fit to participate in this activity, I have no medical or physical conditions that could interfere with my safety, or if I do, I have consulted a doctor in advance, and I am willing to assume and bear the consequential costs of any risks that may be created, directly or indirectly, by any such condition.

I agree that my personal data may be used by **LIFESAVING AFRICA RESCUERS** for administration, programming and emergencies.

In consideration for being allowed to participate in this activity, I agree to hold harmless the **LIFESAVING AFRICA RESCUERS** and its staff members conducting the events from any and all claims, suits, losses, or related causes of action for damages, including, but not limited to, such claims that may result from my illness, injury or death, accidental or otherwise, during, or arising in any way from, the events. Any person with normal physical and mental capacity can usually expect to complete the events but preliminary conditioning is strongly advised. **LIFESAVING AFRICA RESCUERS** reserves the right to decline any participant whose physical condition is not suitable for the events.

Participant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### ***For Participant who is below the age of 18, parent's/guardian's declaration and signature are required***

I agree to allow \_\_\_\_\_ (Participant's Name) to take part in this activity and certify that the information provided above is true and correct and he / she\* is healthy, physically fit and suitable to participate in this activity. THE LIFESAVING AFRICA RESCUERS WILL NOT BE LIABLE FOR ANY INJURY OR DEATH he / she\* is taking part in the event.

Name of Parent /Guardian: \_\_\_\_\_

Contact No.: \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*The information submitted above will only be used to ensure the safety and health of the participants, and will not be distributed to third parties except for medical institutions in emergency.*