



**MEDICAL EXAMINATION FOR THE
DIPLOMA IN OUTDOOR & ADVENTURE LEARNING**

SECTION A

Notes for medical examiner: The above diploma course consists of some components which will be conducted in the outdoors in all weather conditions and involve students in many hours of vigorous activities such as rock climbing, abseiling, kayaking, ropes course, land and sea expeditions. The activities are both physically and mentally challenging.

Please **take particular note** of any history of bone and joint injuries and assess carefully the risk of further injuries arising from participating in the diploma's activities.

Applicants with any of the following medical conditions **will not be admitted** to this Diploma course.

1. **Hypertension** - on long term medication.
2. **Cardiac Conditions**
3. **Epilepsy**
4. **Asthma** - exercise induced, on long term medication.
5. **Mobility restriction** - any bone, muscular injuries or conditions that limit physical movements.
6. **Psychiatric conditions**
7. **Severe Allergy**- grass, sea water, insects and dust.
8. Any other medical or mental conditions that may affect his/her participation in this course.

For further clarifications or enquiries, please contact:

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SECTION B

STUDENT'S PARTICULARS

Name: _____ **NRIC:** _____

SECTION C

TO BE COMPLETED BY MEDICAL EXAMINER

Student's Height _____ cm **Weight** _____ kg **BP** = _____ mmHg

Urine:

(Test with Dipstick and state results as Nil/Trace/1+/2+/3+/4+)

Protein _____ **Blood** _____ **Sugar** _____

Date of last Tetanus Immunization _____ (COMPULSORY)

Does the applicant have the following medical history or condition:

Please circle YES or NO.

If YES, please provide full details - dates, presenting history, investigations, results, diagnoses, drugs, operations, hospitalisations, complications, recovery, follow-up, etc.

- | | | | |
|--|-----|----|-------|
| a. Chest pain | YES | NO | _____ |
| b. High Blood Pressure | YES | NO | _____ |
| c. Heart problems
E.g. heart murmur,
arrhythmias or other
heart abnormalities | YES | NO | _____ |
| d. Asthma | YES | NO | _____ |
| e. Bronchitis | YES | NO | _____ |
| f. Tuberculosis | YES | NO | _____ |
| g. Sinusitis | YES | NO | _____ |



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If YES, please provide full details - dates, presenting history, investigations, results, diagnoses, drugs, operations, hospitalisations, complications, recovery, follow-up, etc.

- | | | | |
|--|-----|----|-------|
| h. Lung Problems | YES | NO | _____ |
| i. Epilepsy | YES | NO | _____ |
| j. Ear Problems
E.g. Any evidence of
Otitis or Perforated
Tympanic Membrane | YES | NO | _____ |
| k. Fainting attacks | YES | NO | _____ |
| l. Migraine | YES | NO | _____ |
| m. Severe head injury | YES | NO | _____ |
| n. Eye problems | YES | NO | _____ |
| o. Allergy to medication | YES | NO | _____ |
| p. Allergy to food | YES | NO | _____ |
| q. Other allergies | YES | NO | _____ |
| r. Bone injury | YES | NO | _____ |
| s. Joint injury | YES | NO | _____ |
| t. Medical treatment
within last two years | YES | NO | _____ |
| u. Previous injuries | YES | NO | _____ |
| v. Previous hospitalisation | YES | NO | _____ |
| w. Previous medication | YES | NO | _____ |
| x. Any other medical or
physical conditions | YES | NO | _____ |



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If YES, please provide full details - dates, presenting history, investigations, results, diagnoses, drugs, operations, hospitalisations, complications, recovery, follow-up, etc.

y. Is the applicant on any routine medication YES NO _____

Please describe, if any of the answers above are circled "YES". Additional information should be attached to this form.

SECTION D

MEDICAL CERTIFICATION

I have this date _____ examined _____ (Name of Applicant) _____ (NRIC No.) and found him / her to be FIT / UNFIT to enrol in the Republic Polytechnic's Diploma in Outdoor & Adventure Learning.

Remarks: _____

Name of Doctor: _____ Signature: _____

Clinic Stamp: _____ Date: _____

(For official use only)

The above applicant is accepted / not accepted into the Diploma in Outdoor & Adventure Learning.

Name of PC: _____ Signature: _____ Date: _____