



**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<br>E.g. heart murmur,<br>arrhythmias or other<br>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	_____



MEDICAL EXAMINATION FOR THE DIPLOMA IN OUTDOOR & ADVENTURE LEARNING

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: \_\_\_\_\_