

**FITNESS DECLARATION FORM**

**Required for Applicant with Body Mass Index (BMI) of 30 or above**

Applicants will be reviewed for suitability to participate in the Course. If assessed to be suitable, adjustments may be made to the activities based on the information provided.

**Name of Applicant:**

Describe the Applicant's current exercise regime:

1. Does Applicant participate in sports / PE regularly? Yes  No

Specify the sports / physical activity engaged in: \_\_\_\_\_

Frequency & Duration: \_\_\_\_\_ times a week for \_\_\_\_\_ minutes/hours

2a. Does Applicant experience prolonged breathlessness, chest pain or giddiness during or after sports / PE? Yes  No

2b. If yes, specify duration of discomfort, and describe management or medical treatment, or medication (if any):

3. Has Applicant done the following in the last 12 months:

3a. Worn a climbing harness? Yes  No   
If yes, specify the type of harness:

Sit harness  Or Full body harness with shoulder straps

3b. Worn a personal floatation device or life-vest? Yes  No

3c. Sat in a closed-deck kayak? Yes  No

**To be Completed by Applicant 18 years and above or by Parent / Guardian if Applicant is below 18 years old**

I, the undersigned, confirm that to the best of my knowledge, the information provided above is true, accurate and complete. I acknowledge the risks of, and agree to, the Applicant's participation in the Course.

**Name of Applicant Or Parent/Guardian (of Applicant below 18 years):**

SIGN HERE  
\*Signature

dd / mm / yy  
Date

**NRIC/FIN No.:**

**Contact No.:**

\*Complete signature in blue or black ink only, digital signature cannot be processed at this point

**ALLERGY MANAGEMENT FORM**  
**Required for Applicant with Diagnosed Allergy**

An Applicant with diagnosed allergy shall provide supplementary information to help us assess if he / she is suitable for the Course. We consider the following:

- Applicant's level of sensitivity to allergen(s);
- Applicant's ability to manage his/her condition in an outdoor setting based on history of symptoms and allergic reactions;
- Any potential aggravation of the allergy when exposed to the various factors of the Course; and
- The environment which the Course operates in, and the time required to access emergency medical services.

**Name of Applicant:**

1. The Applicant has stated allergy to medication / environmental factor / food.

Specify the allergen and provide information of trigger and the reaction for every allergen in the table:

<b>Allergen</b>	<b>*Specify if can tolerate small amount</b>	<b>Trigger e.g. Consumed / Touched / Inhaled / Any other forms of contact (pls specify)</b>	<b>Describe the allergic reaction e.g. rash, hives, trouble breathing, swelling of airway or anaphylaxis</b>
<b>Eg. Seafood</b> (can take fish)	<input checked="" type="radio"/> Yes / No	<b>Eg. Consumed</b>	<b>Eg. Swollen lips</b>
	Yes / No		
	Yes / No		
	Yes / No		
	Yes / No		
	Yes / No		

**Note:** \*Applicable to Food Allergy only

SUSS/OBS works with food suppliers that process different types of food within the same facilities. Exposure to small amount of the common food allergen is highly probable. Applicant who **cannot tolerate** the following **may not be enrolled**:

- i. Common allergen that can be found in most food items or
- ii. Traces of allergen (Very small amount that cannot accurately be measured).

2. Onset Time: After contact with the allergen, how long does it typically take for signs and symptoms to appear?

- Immediate, within 2 hours       Delayed, more than 2 hours

3. Has Applicant ever been hospitalised for this condition? Yes  No   
If yes, state when and situation leading to allergic reaction:

4. If Applicant has medication to relieve the allergic reaction or symptoms, provide details of the medication:

Name of Medication & Dosage:

State side effect(s), if any:

**Note:** The Applicant is responsible for bringing the above medication which must be carried in a clearly labelled plastic bag. The medication must be **prescribed in Applicant's name**, with time **validity** and with **sufficient quantity for the full duration of the Course**. If the Applicant fails to do so, the Applicant may not be able to participate in the Course.

**To be Completed by Applicant 18 years and above or by Parent / Guardian if Applicant is below 18 years old**

I, the undersigned, confirm that to the best of my knowledge, the information provided above is true, accurate and complete.

Given the level of the Applicant's sensitivity to allergens, the Applicant's ability to manage the condition, and SUSS/OBS's limited ability to control the contact with either known or unknown allergens, I acknowledge the risks of, and agree to, the Applicant's participation in the Course where access to emergency medical services could take up to 2 hours away.

**Name of Applicant Or  
Parent/Guardian  
(of Applicant below 18 years):**

**SIGN HERE**  
**\*Signature**

*dd / mm / yy*  
**Date**

**NRIC/FIN No.:**

**Contact No.:**

\*Complete signature in blue or black ink only, digital signature cannot be processed at this point