

Please read carefully the following medical questions which will appear on the medical questionnaire to be filled out on the actual activity date.

Have you or do you suffer from any of the following?

Are You Currently Pregnant?

yes / no

Respiratory Problems (Asthma / Bronchitis / Chest Pain)

yes / no

Brain, Spinal Cord Or Nervous Disorder

yes / no

Chest Surgery

yes / no

Diabetes

yes / no

Epilepsy, Fainting, Seizures Or Blackouts

yes / no

Heart Disease Of Any Kind

yes / no

Allergies yes / no

Are you currently suffering from any of the following?

Chronic Ear Discharge Or Infection

yes / no

High Blood Pressure

yes / no

Other Illness, Operations Or Physical Injury

yes / no

Are You Taking Any Medication or Drugs (other than contraceptives)

yes / no

Have you been advised by a medical practitioner not to participate in the proposed or similar activities?

yes / no

Will your medical condition make it unsafe for you to participate in the proposed activities?

yes / no

How do you rate your swimming ability?

Cannot swim / Fair / Good / Excellent

Have you had any problems during or after swimming?

yes / no