

Please tell us about your past medical history and current health status. If there is a corresponding item, Please check in the box. Depending on the checked item in question, You may not be able to participate in the course.

1. ☐ Currently, you are taking some kind of medicine. If there is, name medicine and reason.()
2. ☐ Currently, there is a disease or something defective about the heart. [Angina pectoris, arrhythmia, etc.]
• What are the symptoms?,if any.()
3. ☐ Currently, there is a disease or something defective about the brain. [Epilepsy, etc.]
• What are the symptoms?,if any.()
4. ☐ Currently, there is a disease or something defective about the lung. [Asthma, emphysema, tuberculosis, etc.]
• What are the symptoms?,if any.()
5. ☐ Currently, there are signs of hypertension, or high blood pressure. * Recent average blood pressure-high () and low()
6. ☐ Currently, you have a cold, stuffy nose, or are suffering from empyema, such as sinusitis and bronchitis.
7. ☐ Currently, otitis media, and rests on otitis externa.
8. ☐ Claustrophobia, or fear of heights, that has caused a panic attack.
9. ☐ Currently, I am suffering from diabetes.
10. ☐ Currently, experiencing manic-depressive symptoms that can affect the athletic and mental ability.
11. ☐ Please put a check in the box of items that are currently applicable.
☐ Drinking just before ☐ Hangover ☐ Pregnancy ☐ Lack of sleep ☐ Excessive tension
12. ☐ **Not applicable to all of the above!**

★ What is your mood right now ? ☐ Highest ! ☐ Best ! ☐ Good ☐ Soso ☐ Not so good ☐ Bad

Name		(M · F)		Address	
Date of birth	y	M	D	Age[]	Blood type[]
Occupation[]					
PhoneNO[]	Emergency contact number []			E-mail[]	
Signature	year	Mo	Day	Staff	
Signature of parent(If under 20)	year	Mo	Day		

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