

Questionnaire about health

Regulations:

1. You can not join the plan if you are drunk or taking any sort of medicine.
2. Minors are required to have the parent's consent.
3. Please tell us if you are pregnant.
4. If you have any of the following diseases, there is a possibility of being rejected.

Medical history:

In case of having any of these medical histories, please mark it with \surd .

- I have recently caught a cold and I feel like my nose and ears are stuffy.
- I have asthma.
- I have a heart disease (such as arrhythmia).
- I have high blood pressure.
- I have epilepsy, seizures and/or convulsions.
- I had a major surgery within the last year.
- I have a respiratory disease (such as tuberculosis(TB), pneumonia, pneumothorax).
- I have a disease on my ears, eyes, or affecting my sense of balance.
- I have once had a surgery on my ears and/or sinuses.
- I have a disease and I go to the hospital regularly.

Consent form

1. I join NEWS' marine program by my own volition, and I have indicated all my diseases correctly. I recognize that there is the possibility of danger coming from the sanitary condition or from the natural environment, and I will follow the instructor's command. I am responsible for my act, and I agree that I will not demand a compensation from NEWS.
2. I agree to all the conditions as a parent.
 - Date(yyyy/mm/dd) _____ / _____ / _____
 - Name _____ • date of birth _____ • age _____
 - Current address _____
 - Emergency contact's phone number and name _____
 - Signature of a parent(required if under 20) _____
 - インストラクターサイン _____