

PHYSICAL EDUCATION UNIT
TRINCOMALEE CAMPUS- EUSL
STUDENTS GYM APPLICATION

1. Registration No

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2. Full Name Mr./Mrs./Miss

3. Faculty

4. Department

5. Weight

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6. Height

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7. Blood Group

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8. Date of Birth

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9. NIC Number

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10. Permanent Address

11. E Mail Address

12. Contact Number Residence

1. Mobile Number

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2. Whatsapp Number.

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I hereby certify that the information given above are true and accurate to the best of my knowledge.

Signature:

Date:

Physical Education Unit –Trincomalee Campus, EUSL

Health Declaration for students requesting to Exercise in the Gym

Please read the following questions thoroughly, and follow the instructions:

A. If the answer to one or more of the questions in part one of the questionnaire is positive, please provide a medical certificate (issued within the last three months) with a physician's confirmation that your health is not endangered by exercising in the gym.

B. If all the answers to the questions in part one of this questionnaire are negative – complete the declaration in part two of this questionnaire, and sign it.

C. In any event of change in your medical condition, you must consult with a doctor concerning future use of the gym.

Part One: Medical Questionnaire

(The questionnaire is phrased in the masculine gender for the sake of convenience, but applies to women also)

No	Question	Yes	No
01	Has your physician diagnosed you with a heart condition?		
02	When do you feel chest pains -		
	A) While at rest?		
	B) While engaging in day-to-day activities		
	C) During exercise?		
03	Have you experienced the following during the last year		
	A) Lost your balance as a result of dizziness? Write no – if the dizziness is a result of hyperventilation (during vigorous exercise)		
	B) Loss of consciousness?		
04	Has your physician diagnosed you with asthma during the last 3 months, resulting in the following conditions		
	A) Requirement of medicine		
	B) Shortness of breath, or wheezing?		
05	History of death of a close relative due to -		
	A) Heart disease?		
	B) Sudden death at an early age? (For men before 55, women before 65)?		
06	Has your physician told you in the last five years only to undertake physical activity under		
07	Do you Suffer from any long-term/chronic condition, which is not mentioned in the previous		

Part Two: Declaration

I, the undersigned, hereby declare that I have read and understood the medical questionnaire in Part One, and that all the answers to all the questions are negative: I declare that I have given full and correct information about my past and present medical condition, in the questions that I was asked in the above questionnaire. I am aware that two years after signing this medical declaration, I shall be required to produce a new health declaration.

Name: _____ Signature: _____ Date: _____

The health advantages of regular exercise are clear: It is important that more students exercise every day. Exercise is very safe for most students, and this questionnaire clarifies for you in which situation you consult with a physical and bring a medical certificate before beginning exercise in a gym.

OFFICIAL USE ONLY: PEU/TC/EUSL

Physical Education Coordinator:

Sports Advisory Committee: