International Taekwon-do FGMR Australasia
Master Andrew Kang-Hae Rhee, VII Dan
Mobile: 0450 459 927 email: info@itfa.com.au

ITFA Medical Questionnaire & Consent Form

Personal Information

Given Names _____ Surname_____

Postal Address_____ Suburb_____ Postcode_____

State_____ Phone (day)_____ Phone(night) _____ Mobile_____

Email_____

Date of birth_____ / _____ / _____ Age_____ Male ☐ Female ☐

In case of emergency, contact name_____ Phone_____

Medical Information

All information is held in the strictest confidence with the ITFA. Are you affected by any of these:

A current illness such as flu or fever	Yes ☐	No ☐	Asthma	Yes ☐	No ☐
Heart Condition	Yes ☐	No ☐	Diabetes	Yes ☐	No ☐
Epilepsy, fits or blackouts	Yes ☐	No ☐	Arthritis	Yes ☐	No ☐
High blood pressure	Yes ☐	No ☐	Joint damage	Yes ☐	No ☐
Circulatory problems	Yes ☐	No ☐	Back problems	Yes ☐	No ☐
Sedentary life style	Yes ☐	No ☐	Do you smoke	Yes ☐	No ☐

If the answer to any of the above is YES, please give more details_____

Do you have any other conditions that are not listed above? Please give details_____

Do you have any current or pre-existing injuries that may restrict you in any way? Yes ☐ No ☐

If YES please give details_____

Are you currently taking any prescribed medicine? Yes ☐ No ☐ Details_____

Have you recently been in hospital? Yes ☐ No ☐ Details_____

Do you have, or have you recently had any infectious diseases? Yes ☐ No ☐ Details_____

Are there any other conditions you have which may affect your activity program? Yes ☐ No ☐

If YES please give details_____

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Disclosure of Medical Conditions

I represent and warrant to ITFA that I have disclosed details of any medical condition I have and of all recent medical treatment received by me. I have read the questions / information and understand them. Any questions which may have occurred to me have been answered to my satisfaction. I will inform ITFA if any health conditions change before training at any ITFA venue.

Indemnity and Risk Waiver

In the case of an emergency, I authorise the ITFA staff, where it is impractical to communicate with me, to arrange for me / my child / ward to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay or reimburse costs which may be incurred for medical attention, ambulance transport and drugs whilst I am / my child / ward is in an ITFA program. I understand that although the ITFA and its staff attempt to minimise any risk of personal injury with in practical boundaries, accidents do happen and all physical activities carry the risk of personal injury. I acknowledge that there is an inherent risk of personal injury in physical activities that will be undertaken as part of this activity program.

Signed_____ Date_____ / _____ / _____

If under 18 years of age parental signature is required

Name of parent_____

Parental Signature_____ Date_____ / _____ / _____