

Zilla Krida Sankul Samiti, Yavatmal
Application Form For Swimming Pool
UID Number : DSOYSWIMM935906

1	Full Name	Prafulla Kinkar
2	Blood Group	A
3	Contact/Mobile Number	08999694450
4	Permanent Address	Peshwe Plot
5	Gender	Male
6	Date of Birth	2014-03-13
7	Email	prafulladkinkar@gmail.com
8	Emergency Contact Number	08999694450

10. Medical Fitness Report

1. Have you ever suffered at any time from the following?

Medical Questions

a. Ear trouble, earache, discharge or deafness?	<input type="radio"/> Yes <input type="radio"/> No
b. Sinus trouble?	<input type="radio"/> Yes <input type="radio"/> No
c. Chest disease, including asthma, bronchitis, collapsed lung or T.B?	<input type="radio"/> Yes <input type="radio"/> No
d. Attacks of giddiness, blackouts or fainting?	<input type="radio"/> Yes <input type="radio"/> No
e. Fits of nervous disorders including persistent headaches or concussion?	<input type="radio"/> Yes <input type="radio"/> No
f. Anxiety, "nerves", nervous breakdown?	<input type="radio"/> Yes <input type="radio"/> No
g. Diabetes? Specify since when?	<input type="radio"/> Yes <input type="radio"/> No
2. Do you regularly or frequently take medicine or treatment with or without prescription?	<input type="radio"/> Yes <input type="radio"/> No
3. Are you currently receiving medical care or have you consulted any doctor in the past year?	<input type="radio"/> Yes <input type="radio"/> No

4. Have you ever been refused life insurance or failed a medical examination?	<input type="radio"/> Yes <input type="radio"/> No
5. Do you smoke?	<input type="radio"/> Yes <input type="radio"/> No
6. Have you ever been attached or admitted to the hospital?	<input type="radio"/> Yes <input type="radio"/> No
7. Have you had surgery?	<input type="radio"/> Yes <input type="radio"/> No
8. Are you a patient of epilepsy/seizure?	<input type="radio"/> Yes <input type="radio"/> No
9. Do you have allergies to medicines?	<input type="radio"/> Yes <input type="radio"/> No
10. Do you have a history of orthopedic problems?	<input type="radio"/> Yes <input type="radio"/> No

I hereby declare that I have not omitted any information that may be relevant to my fitness to swim and authorize my doctor to disclose any detail of my past or present medical history if any. I also agree that relevant information about my health may be disclosed to the persons directly concerned with this swim attempt.

Signature	Date
Witness Signature (Examining Doctor)	Date

Declaration:

1. I have gone through the rules and regulations for the membership and agree to abide by those rules.
2. The information given above is correct to the best of my knowledge, and if found wrong at any time, my membership may be cancelled.
3. I will not claim any compensation for injury during swimming. The swimming pool management will not be responsible for any injury or loss of life.
4. I will use lifesaving equipment and swimming costume as per the rules and advice of coaches/life guards.

(Parent/Guardian's Signature)
(Swimmer's Signature)