

## **Undertaking**

**I am aware and accept all the rules and regulations of membership of sports department laid by KBC NMU Jalgaon and all the information provided in registration form is true and best of my knowledge and if it is found falls my membership may be rejected with registration fees. If anybody damage or accident occurs during swimming it is my own responsibility and I will not claim any indemnity. Accident includes body injury or death and, in that case, KBC NMU, Jalgaon and Sports Department will not be responsible.**

**Date :   /   /**

**Place : \_\_\_\_\_**

**Applicant Signature**

**Signature of the Parent/ Guardians**

# Medical Fitness Form

Compulsory

Name-

Date of Birth -

Age -

Height - \_\_\_\_\_

Weight \_\_\_\_\_ Kg

Blood Group : \_\_\_\_\_

Spouse/Guardian Name : \_\_\_\_\_

Phone Number : \_\_\_\_\_

### Medical History

- 1) Chlorine Allergy : YES/NO
- 2) Asthma : YES/NO
- 3) Heart Attack : YES/NO
- 4) Heart Failure : YES/NO
- 5) Seizures (Fits) : YES/NO
- 6) Visually Impaired : YES/NO
- 7) Hearing Impaired : YES/NO
- 8) Prone to Muscular Cramps : YES/NO
- 9) Hemorrhoids (Piles) : YES/NO
- 10) Physically Disabled : YES/NO
- 11) History of Incontinence : YES/NO
- 12) Any other Conditions ? : YES/NO

Summarizing,

Is he/she medically Fit to swim : YES/NO

I Dr. \_\_\_\_\_ hereby declare that,  
Mr./Mrs/Ms \_\_\_\_\_ to be medically Fit to  
swim, and that he or she does not possess a history of serious medical disorder.

Doctor's Signature and Seal

Register No:

Date :-

Contact No: