Health check sheet

This information will be used if you have an accident.

◆ Please complete the form

①	How many hours did you sleep last night? Was it enough sleep for you?	About ____ hours ☐Yes ☐No
②	Did you drink alcohol last night?	☐No ☐Yes→ (What kind? How much?)
③	Are you currently receiving any medical treatment or medical follow-up？	☐No ☐Yes→ (For what?)
④	Are you taking any medications?	☐No ☐Yes→ (For what?)
⑤	Are you feeling good today?	☐Yes ☐No→ (Why?)
⑥	How is your blood pressure?	☐Normal ☐High ☐Low
⑦	Have you had any illness including fever in the last month?	☐No ☐Yes→ (What?)
⑧	If ⑦ yes, How long? Have you recovered?	From ___/___/___ to ___/___/___ ☐Yes ☐Not yet
⑨	Have you been hospitalized in the past year?	☐No ☐Yes→ (Reason)
⑩	If ⑨ yes, How long were you in the hospital? Did you have any surgery?	From ___/___/___ to ___/___/___ ☐No ☐Yes→ (What part?)
⑪	Have you ever given up or withdrawn from an OWS race?	☐No ☐Yes→ (Why?)

Date : ___/___/___	The name of the race:
【No.】 【Name】 【Signature】	
【Who should be contacted if you have an accident?】 Name Phone number Relation	