



**Medical Checklist**

**Personal records**

Name:	
First Name	
Address:	
Residence:	
Gender:	
Date of Birth	
Marital Status	
Nationality:	
Phone no.:	
E-mail:	

**To be completed by Jet ski pilot**

Question	Yes	No	Comments
Negative medical History: Yes/No			
Have you ever fainted during exercise?			
Have you ever feel dizzy during exercise?			
Did or do you have pain(s) in the chest area or heart during exercise?			
Do you have palpitations and/or rhythm disorder of the heart?			
Are you tired more quickly than your friends during exercise?			
Have you ever had high blood pressure or high cholesterol?			
Does one ever said that you have a heart murmur?			
Did anyone in your family die of heart problems or sudden death before the age of 50?			
Have you had a severe viral infection( eg a heart infection or mononucleosis) within the last month?			
Do you have an allergy(for: medicine, food or insects, others)?			
Have you ever had a rash or hives develop during exercise?			
Have you ever suffered from coughing, shortness of breath or other breathing disorders during or after exercise?			
Do you have asthma?			
Are you currently taking prescribed or non prescribed medications, pills or using an inhaler?			
Do you have an ongoing or chronic illness?			

**To be completed by Jet Ski pilot**

Question	Yes	No	Comments
Have you ever been hospitalized?			
Did you had to stop your sport due to a medical problem?			
Have you ever suffered a fracture or dislocation?			
Are you currently injured, or recently?			
During training sessions are you using injury prevention measures (braces, orthotics, taping)?			
Are you hindered by physical symptoms during exercise?			
Have you ever had numbness, tingling or weakness in your arms, legs or feet?			
Have you ever taken any supplements or vitamins to influence your weight or performance?			
Do you have any current skin problems (eg itching, rashes, acne, fungus or blisters)?			
Have you ever had amnesia?			
Have you ever had a seizure ("falling sickness") before?			
Do you have frequent or severe headaches?			
Have you ever become ill from exercising in the heat?			
Do you feel stressed out lately, irritable, depressed or fatigued?			
Did you underwent an audit of your vision?			

**To be completed by a doctor in order to receive a race license**

**General information:**

Lenght (cm):

Weight (kg):

Blood pressure:

Heart rate while resting:

**Vision**

Vision right eye (sufficient?):

Vision left eye (sufficient?):

Pupil: (the same?)

General vision: sufficient/insufficient

**Throat, Nose and ears**

Smell ability: sufficient/ insufficient

Healthy throat: yes/no

Hearing left: sufficient/ insufficient

Hearing right: sufficient/ insufficient



Exams	Normal	Abnormal results
Lymph nodes:		
Heart:		
Longs:		
Pulsations:		
Abdoms:		
Genitals (only man):		
Skin:		
Neuro:		
Neck:		
Back:		
Shoulders/lower arms:		
Elbow/ lower arms:		
Wrist/hand:		
Hip/thigh:		
Knee:		
leg/angle		
foot:		

**Ondertekening piloot**

I, the undersigned pilot,.....declare that the above information is completed correctly.

Date:

Signature:

**Ondertekening (huis)arts**

I, the undersigned, Dr.....Declare that..... for performing in the jet ski sport:  
 suitable is  
 suitable is after futher evaluation:.....  
 unsuitable is with the following reason:.....

Date:

Signature and stamp of Doctor

Please send your medical form and the application form to: [info@jetskichallenge.nl](mailto:info@jetskichallenge.nl)