

Hong Kong, China Sports Association for Persons with Intellectual Disability
Special Olympics Hong Kong
Health Condition Record Sheet
 (For Athletes Renewal Only)

Name : _____ (English) _____ (Chinese)
 Sex : _____ Date of Birth: _____ (dd/mm/yyyy)
 Grade : ☐ Mild ☐ Moderate ☐ Severe Autism : ☐ Yes ☐ No
 Parent/Guardian : _____ Contact No. : _____
 Affiliated school/agency: _____ Teacher In-charge: _____

A) Please ✓if the athlete has the following disease(s) :

1. Heart Disease ()
2. High Blood Pressure ()
3. Respiratory Disease ()
4. Diabetes ()
5. Epilepsy ()
6. Low Back Pain / Back Pain ()
7. Any medication need to take medicine regularly (e.g. Anti-convulsant drug), please Specify : _____

8. Others, please Specify : _____

B) Health condition within this half year :

1. Diseases/Hospitalization/Surgery (e.g. : eye surgery, ear surgery etc.)

2. Other information (eg : Allergy or advice by doctor not to participate in any particular sports event)

C) Has taken any injection ?

Signature of Parent/Agency Representative : _____

Date : _____

Remarks:

For more information on the Association's guideline for the use of personal data, please visit the Association's Personal Information Collection Statement.