



HEALTH DECLARATION

For participation in the Moderate to Vigorous Physical Activities Category of the National Steps Challenge™ Season 4

Please read through the questions carefully and answer 'YES' or 'NO' honestly. If you have answered 'NO' to all questions you can be reasonably sure that you are at low risk to participate in this exercise programme or event. If you answer 'YES' to any of the questions below, you are required to be evaluated by your doctor on whether you can participate in this exercise programme or event. Please note that you are responsible for answering the questions in this questionnaire correctly and without misrepresenting your actual physical condition.

Question 1

Has your doctor ever informed you that you have heart condition and that you should only do physical activity recommended by a doctor?

- Yes No

Question 2

In past month, have you had chest pain when you engage in physical activity or when not participating in any physical activity at all?

- Yes No

Question 3

In the past month, did you lose your balance because of dizziness or even lose consciousness?

- Yes No

Question 4

Do you have any bone, joint or muscle problem (e.g. back, knee, hip, shoulder or ankle) that could be made worse by participating in physical activity?

- Yes No

Question 5

Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?

- Yes No

Question 6

Do you know of any reason why you should not be participating in this HPB exercise programme or any other physical activity?

- Yes No

I confirm that I have read, understood and completed this questionnaire to the best of my knowledge. I accept full responsibility for the answers given and agree to indemnify HPB (its directors, employees, agents and servants) from any loss, injury (to the extent permitted by law) or claims that may be made against HPB as a result of my participation in this exercise programme.

For more information on National Steps Challenge™ Season 4, please go to stepschallenge.sg.

Signed on ____/____/____

Name:

NRIC:

Please attach the completed form and send to us at stepschallenge@hpb.gov.sg.

If you are submitting the hardcopy of this form, please return to our Customer Care officer at:

Health Promotion Board
3 Second Hospital Avenue
Level 1 Lobby next to Escalator

Operating hours:
11am – 8pm (Mon to Fri)
9am – 1pm (Saturday)
Closed in Sunday, eve of PH and PH

Mailed copies will not be acknowledged.