Technological and Higher Education Institute of Hong Kong
INFORMED CONSENT OF HEALTH AND PHYSICAL ACTIVITY READINESS

(Please read the contents and bring the completed form along with you to the interview)

NAME: ___________________________ AGE: ______

Please read the following questions carefully and answer each one honestly and truthfully. If you feel unsure about how to answer any of the following questions, please consult a doctor.

Check YES or NO.

1. Has a doctor ever said that you have a heart condition or recommend only medically supervised activities by a doctor?
2. Have you felt any pain or discomfort in your chest during rest, daily activities of living, or when exercising?
3. Have you felt any pain or discomfort in your chest in the past month?
4. Have you on one or more occasions lost consciousness or fallen over as a result of dizziness?
5. Do you have a muscular, bone or joint problem(s) that could be worsened by physical activity?
6. Has a doctor ever recommended medication for your blood pressure or heart condition, or any other chronic medical condition?
7. Are you aware, through your own experience or a doctor’s advice, of any other reason that would prohibit you from exercising without medical supervision?

If you answered

YES to one or more questions above
Please explain: __________________________________________
Please list medications:
- We require that anyone who answers yes to one or more questions must have their physician complete and return a Medical Clearance Form to us before you can begin exercising in the Technological and Higher Education Institute of Hong Kong (THEi).

NO to all questions above

If you answered NO honestly to all questions above, you can be reasonably sure that you can:
- Start becoming more physically active—begin slowly and build up gradually. This is the safest and easiest way to proceed.
- Take part in a fitness assessment—this is an excellent way to determine your basic fitness level.
- Participate in classes or activities requiring physical activity.

Delay becoming more active if:
- If you have a temporary illness such as a cold or a fever.
- If you are or may be pregnant - talk to your doctor before initiating exercise.
- If your health changes.

Please note: If your health changes so that you would answer YES to the above questions, you are required to inform THEi immediately.

Emergency Contact Person: ___________________________ Phone: ___________________________

Name of Legal Guardian*: ___________________________

Signature of Applicant / Legal Guardian*: ___________________________ Date: ____________
DECLARATION

I declare the following:-

1. I have been given the opportunity to complete an Informed Consent of Health and Physical Activity Readiness before studying the programme Bachelor of Social Sciences (Honours) in Sports and Recreation Management (“the Programme”). I confirm that I understand the content of this Informed Consent of Health and Physical Activity Readiness to my full satisfaction, and all information I provided is to my knowledge true, complete and correct.

2. I confirm that I understand that this Informed Consent of Health and Physical Activity Readiness is valid only for a period of [12] months from the date it is completed, and becomes invalid if my health condition changes so that I would answer YES to any of the seven questions in this Informed Consent of Health and Physical Activity Readiness.

3. I hereby consent to voluntarily engage in the Programme. I understand that the classes or learning activities of the Programme may include health, fitness or physical education activities. I also understand that if my health condition changes so that I would answer YES to any of the seven questions in this Informed Consent of Health and Physical Activity Readiness, it is my complete responsibility to decrease or stop exercise, and to inform THEi immediately.

4. It is my understanding that there exists the possibility during my participation in classes or learning activities of adverse changes including, but not limited to, abnormal blood pressure, fainting, physical dizziness, disorders of the heart rhythm, heart attack, stroke or even death. I also understand that there exists the risk of accidental or bodily injury when I participate in these classes or learning activities. I fully understand the risks associated with these classes or learning activities, including the risk of bodily injury, heart attack, stroke or even death, and knowing these risks, it is my desire to participate as herein indicated.

5. I agree that THEi shall not be liable or responsible for any injuries to myself resulting from my participation in the Programme, including all of the classes and learning activities, whether on campus or off campus. I expressly release and discharge THEi, its managers, employees, teachers, coaches, agents, staff, administrators, supervisors, lecturers, teaching assistants, tutors, trainers and/or agents from all actions, claims, proceedings, losses, damages, costs and expenses and I agree not to bring any claim (statutory or common law) or any legal action/proceedings in respect of any such injuries and the loss or damage I shall sustain in consequence thereof.

Name of Legal Guardian*: 

Signature of Applicant / Legal Guardian*: ___________________________ Date: _______________

* signature of legal guardian is also required for an applicant aged under 18.