



## OUTWARD BOUND SINGAPORE (OBS) COURSE REGISTRATION FORM

### Medical Examination

**Important notes:**

1. This form has a total of six pages and will take less than 10 minutes to complete. (This does not include the time taken for the medical examination.)
2. Please complete this form by typing or in ink only.
3. Please bring your HEALTH BOOKLET and MEDICAL SPECIALIST'S NOTE / LETTER, if applicable, for the medical examination.

FOR OBS USE ONLY					
<b>Accepted into Course:</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>Instructor's Signature:</b>		
<b>Remarks:</b>				<b>For Selected Programmes Only: Participation Level</b>	
				O	P-L
<b>Verification by MS&amp;T:</b>			<b>Date:</b>		

PART 1: APPLICANT'S PERSONAL INFORMATION					
<b>Name of School / Organisation:</b>			<b>Class / Designation:</b>		
<b>Course Date:</b>			<b>To</b>		
<b>Name:</b> (as it appears in your Birth Certificate / NRIC)					
<b>NRIC Number:</b>					
<b>Nationality:</b>	Singaporean / Singapore PR / Others (please state):				
<b>Date of Birth (dd/mm/yy):</b>		<b>Age:</b>		<b>Gender:</b>	Male / Female
<b>Race:</b>	Chinese / Malay / Indian / Eurasian / Others (please state):				
<b>Home Address:</b>	Singapore ( )				
<b>Contact Number(s):</b>	(home)		(mobile)		
<b>Email:</b>					
<b>Have you attended an Outward Bound course before:</b>	Yes / No	<b>If yes, state programme name, duration and date:</b>			
<b>Part 1a: For Overseas Courses Only</b> (Please submit 2 passport copies together with your completed registration form)					
<b>Passport Number:</b>		<b>Passport Expiry:</b> (dd/mm/yy)		<b>Place of Issue:</b> (Passport)	

PART 2: EMERGENCY CONTACT INFORMATION		
<b>Name of Contact Person:</b>		<b>Relationship:</b>
<b>Home Address:</b> (please leave this part blank if the address is the same as above):		<b>Contact number (Mobile):</b>
		<b>Contact number (Home):</b>
Singapore ( )		

**PART 3: APPLICANT'S SELF DECLARATION & MEDICAL EXAMINATION  
(TO BE COMPLETED BY MEDICAL EXAMINER ONLY)**

- 1) The medical examination should not be done more than **three months** prior to the course's commencement date.  
2) Please refer to the applicant's health booklet to assist you in the completion of this section.  
3) Please refer to the applicant's Medical Specialist's note / letter, if applicable.

<b>Name of Applicant:</b>				
<b>Height &amp; Weight of Applicant:</b>	<b>cm</b>	<b>kg</b>	<b>Date of tetanus immunisation (mm/yy) :</b>	<b>(compulsory)</b>
<b>Do you have / require :</b>			<b>Yes (Y) / No (N)</b>	<p><b>Please read page 5 before completing this section.</b></p> <p><b>If the answer is 'YES' to the listed conditions, please provide further information in Part 4 and attach specialist's memo, where applicable.</b></p> <p><b>e.g. history, asthma / allergy triggers and reactions, last known occurrence, required medication, current medical status, contraindications, restriction of movement etc.</b></p>
a.	Chest pains, high blood pressure or heart problems e.g. heart murmur, extra heartbeat, mitral valve prolapse?		Y / N	
b.	Asthma, bronchitis, tuberculosis, sinusitis or other lung problems?		Y / N	
c.	Fits, epilepsy, fainting spells, migraine, severe head injury?		Y / N	
d.	Eye problems e.g. poor vision, cataract, glaucoma, retinal detachment?		Y / N	
e.	Ear problems e.g. hearing difficulty?		Y / N	
f.	Nerve related conditions?		Y / N	
g.	Diabetes / Thalassaemia major / Anaemia?		Y / N	
h.	Allergy to medicines / food / others e.g. sea water, insect bites?		Y / N	
i.	Bone or joint injuries e.g. fracture / dislocation?		Y / N	
j.	A carrier status for any infectious disease?		Y / N	
k.	Medical treatment within the last two years?		Y / N	
l.	Routine medication?		Y / N	
m.	Special diet requirements?		Y / N	
n.	Psychological conditions e.g. ADHD, ASD, anxiety, depression, eating disorders?		Y / N	
o.	Any form of disability?		Y / N	
p.	Any other medical information of note e.g. Specialist's letter/note (please attach); pregnancy		Y / N	

**PART 4: FURTHER INFORMATION ON APPLICANT'S MEDICAL CONDITION  
(TO BE COMPLETED BY MEDICAL EXAMINER ONLY)**

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**PART 5: RECOMMENDATION OF FITNESS TO ATTEND OUTWARD BOUND COURSE  
(TO BE COMPLETED BY MEDICAL EXAMINER ONLY)**

Part 3, 4 and 5 are only valid for three months from date of certification.

**I, the undersigned, have examined the applicant named below and recommend him/ her as follows:**

<b>Name of Applicant:</b>	<div style="text-align: right;">is <input type="checkbox"/> FIT/ <input type="checkbox"/> UNFIT (please tick)</div> to participate in the OUTWARD BOUND programme and activities.		
<b>Other Remarks:</b>			
<b>Name of Doctor:</b>		<b>MCR No:</b>	
<b>Name &amp; Address of Clinic:</b>		<b>Contact Number:</b>	
<b>Signature:</b>		<b>Date:</b>	

**PART 6: ACKNOWLEDGEMENT**  
**(TO BE COMPLETED BY APPLICANT 21 YEARS OLD AND ABOVE, OR PARENT / GUARDIAN FOR APPLICANT BELOW 21 YEARS OLD ONLY)**

**Medical / Information Declaration**

I declare and confirm that all the information provided herein is true and correct and there is no undisclosed detail(s) that would affect the approval of this registration. I will duly inform Outward Bound Singapore of any information change(s). I understand that Outward Bound Singapore reserves the right to make the final admission decision based on the Medical Examiner's recommendation, programme intensity and Outward Bound Singapore operational considerations.

**Acknowledgement of Risk**

I, the undersigned, hereby consent to \*my / my child / my ward's participation in the Outward Bound® course as detailed above in this form. I am aware that attendance in the Course involves a certain amount of risk. I agree that all participants will have to cooperate fully with the staff and diligently comply with the staff's instructions as well as all safety systems and processes. I declare and confirm that I have read and fully understood all the Parts in this Course Registration Form and I hereby accept the risk involved in the Course as disclosed in the information provided by Outward Bound Singapore. To the extent permitted by law, I will not hold Outward Bound Singapore, its officers, employees and agents liable for any loss or damage incurred or suffered arising from or in connection with participation in the course, provided that the same is not caused by the gross negligence or wilful act or omission of Outward Bound Singapore or its officers, servants and agents.

**Consent for Collection, Use and/or Disclosure of Personal Data**

I consent to \*myself/ my child / my ward receiving:

- ☐ from Outward Bound Singapore, communications on programmes and/or events in connection with the OBS Alumni Network (e.g. community service opportunities, skills development workshops and alumni benefits)
- ☐ from the National Youth Council and/or its affiliated organisations, communications on programmes, courses, events and/or services provided by the National Youth Council and/or its affiliated organisations

The preferred mode of communication is via:

☐ Phone
 ☐ SMS
 ☐ Email
 ☐ Mailer/Letter

Note:

- All personal information will be used solely for administrative and course enrolment purposes unless consent is provided above.
- Photographs and/or videos may be taken during the OBS programme for publicity and marketing purposes.

**ACKNOWLEDGEMENT FROM APPLICANT 21 YEARS OLD AND ABOVE**

<b>Name of Applicant:</b>			
<b>Signature:</b>		<b>Date:</b>	

**ACKNOWLEDGEMENT FROM PARENT / GUARDIAN FOR APPLICANT BELOW 21 YEARS OLD**

<b>Name of Applicant:</b>			
<b>Name of Parent / Guardian:</b>			
<b>NRIC Number of Parent / Guardian:</b>			
<b>Signature:</b>		<b>Date:</b>	

(\* Please delete where applicable)

**END OF OBS COURSE REGISTRATION FORM – Thank you for your time!**



## OUTWARD BOUND SINGAPORE NOTES FOR THE MEDICAL EXAMINER

### Dear Applicant :

Show this page to the doctor when you go for your medical examination for Part 3, 4 & 5 of your Course Registration Form. Applicants who are seeing specialists for pre-existing conditions are advised to go to their specialist for the medical examination.

### Dear Medical Examiner :

The applicant wishes to attend an adventure education course in OBS. Please refer to the notes below when considering the applicant's eligibility to attend an OBS course.

Outward Bound® courses are conducted indoors as well as outdoors, in all weather conditions. Participants may be involved in strenuous activities such as rockwall climbing, kayaking, trekking, ropes courses, and low-impact problem solving activities. These activities and the environment can be both physically and mentally challenging.

There are many participants with pre-existing medical constraints who attend our courses. OBS encourages and supports this enthusiasm, effort and commitment. However, in the interest of the applicant's safety as well as that of others, it is important the applicant informs you and OBS of any problem area(s) that he / she may experience which may interfere with his / her full participation in the course's activities.

Please assist the applicant to complete the following parts in the **Course Registration Form**:

- Part 3: 'Applicant's Self Declaration & Medical Examination' (Pg 2)
- Part 4: 'Further Information on Medical Condition (Pg 3)
- Part 5: 'Recommendation of Fitness to attend Outward Bound course' (Pg 3)

Please include as much detail as possible. All information provided therein will be treated with strict confidentiality. Recommendation of fitness should be based on your assessment of the applicant's ability to participate in an OBS course.

Applicants with any of the following medical conditions will <b>not</b> be admitted:	
1	<b>Hypertension</b> – On long-term medication
2	<b>Asthma</b> – Exercise-induced
3	<b>Severe allergies</b> – E.g. grass, sea-water, dust or insect bites
4	<b>Anaemia</b> – Hb below 11gm %
5	<b>Epilepsy</b> – Any attack within the last 3 years
6	<b>Severe obesity</b> – Based on Body Mass Index (BMI) greater than 35
7	<b>Thalassaemia major</b>
8	<b>Recurrent dislocation of joints</b>
9	<b>Mitral valve prolapse with regurgitation</b>
10	<b>History of Sleepwalking</b> – Any occurrence within 1 year (For overseas programmes only)
11	<b>Severe Attention Deficit Hyperactivity Disorder (ADHD) / Autism Spectrum Disorder (ASD)</b>
12	<b>Any condition requiring self-administered injections</b> – Eg. Insulin, epipen
13	<b>Any other physical or psychological conditions that may impair the applicant's participation or safety in the course</b>

### **Important:**

1. A tetanus immunisation is **compulsory** for an applicant to attend an OBS course.
2. OBS reserves the right to make the **final admission decision** based on the Medical Examiner's recommendation, programme intensity, and OBS operational considerations.
3. If the applicant contracts any illness/disease or sustains any injury between submission of the Course Registration Form and the commencement of the course, it is important that the applicant consults a doctor and keeps OBS informed.

**For further clarification or inquiries, please contact:**  
**Medical Services & Training | Outward Bound Singapore | Tel: 6540 0136**

**Medical Services & Training Continuation Sheet  
(FOR INTERNAL USE ONLY)**

**Name of Applicant:**

**Date/ Time**

**Notes**

**Recorded by**