

Company:
Team:



BB BLAZE 2019 MEDICAL EXAMINATION & CERTIFICATION / CONSENT FORM

GENERAL INFORMATION TO BB MEMBERS

To BB Captain: This form is to be printed out, signed, and submitted in hardcopy to the Brigade Office by the registration deadline. One form is required for each individual member.

To BB Boy:

1. You are required to bring along your **health booklet** for your examination.
2. Bring along any medical specialist's note or letter if applicable.
3. Before leaving the clinic, ensure that the doctor has clearly indicated 'FIT' or 'UNFIT' on the form and included his / her name, signature, clinic stamp and date.

GENERAL INFORMATION TO THE MEDICAL EXAMINER

The applicant wishes to take part in an adventure race. Please refer to the notes below when considering the applicant's eligibility to take part in the adventure race.

For queries or clarification on the BB Blaze. Please contact:
Mr Nicholas Lim (Programmes)
Tel: 67370377

What is the BB Blaze?

The BB Blaze is a multi-disciplinary adventure race against time organised for Boys aged 14 and above. This event has been held annually since its inception in 2002, with the exception of 2015.

This competition is conducted outdoors as well as indoors, in all weather conditions. It is designed to be physically challenging and involves the testing of participants' relevant skills and knowledge. Participants are advised to have undertake training sessions prior to taking part in this race which may take up to 7hours. Participants may be engaged in water and height activities as follows:

- i) Archery
- ii) Cycling
- iii) High Elements (e.g. Abseiling, Rock Climbing, Zipline)
- iv) Hiking / running (At least 15km)
- v) Kayaking
- vi) Knots and Lashing
- vii) Map reading and topography
- viii) Orienteering
- ix) Obstacle course
- x) Sporting Activities

** Kindly assist the Boy to complete the Medical Examination with as much details as possible. All information provided therein will be treated as confidential.

STANDARD MEDICAL EXAMINATION FORM

Full Name: _____ Date of Birth: _____

NRIC: _____ Contact Number: _____

The medical examiner is to verify and complete the following sections

Demographics	
Drug Allergies:	
Height (cm):	
Weight (kg):	
BMI:	
NAPFA award (2018):	None / Bronze / Silver / Gold
Past BB Blaze experience:	Yes / No

A. Habits			
Question	Yes	No	Details
A1. Do you smoke / Have you ever smoked?			
A2. Do you drink alcohol regularly?			
A3. Have you ever used any illegal drugs?			

B. Medical History					
Question	Yes	No	Question	Yes	No
B1. Any congenital or acquired heart or vascular disorder?			B12. Epilepsy, fainting attacks or fits of other kinds?		
B2. High blood pressure?			B13. Mental illness, depression or nervous condition?		
B3. Pain in the chest?			B14. Kidney or bladder disease?		
B4. Frequent palpitations?			B15. Cancer or tumor of any kind?		
B5. Asthma			B16. Diabetes?		
B6. Lung conditions from birth?			B17. Any skin disorder?		
B7. Bowel disease?			B18. Injury to the spine or neck?		
B8. Persistent diarrhea or vomiting?			B19. Joint instabilities or previous ligamentous tear?		
B9. Coughing of blood, passing of blood in stool or urine?			B20. Frequent joint pains or swellings?		
B10. Hepatitis, liver or gall bladder disease?			B21. Other operations, disability or illness?		
B11. Anaemia, leukemia, haemophilia or other blood disorders?					

C. Family History					
Question	Yes	No	Question	Yes	No
C1. Any family members who suffered a heart attack at age (<55 for males, <65 for females)?			C2. Any relatives who have passed away suddenly in the middle of exercising?		

Please provide details to the questions answered 'yes' above.	
Question no. and condition	Details

D. Physical Examination Findings

Name and Signature of Medical Examiner

Date

Certification of Fitness

The certification of fitness should be based on the medical examiner's clinical opinion of whether the participant will be able to complete the race safely (despite having pre-existing medical conditions, if applicable).

As a guide, boys with any of the following medical conditions **should not participate** in the BB Blaze:

1	Hypertension – on anti-hypertensive drugs
2	Familial Hyperlipidemia - regardless of lipid profile
3	Type II Diabetes Mellitus – Type I DM should be reviewed on a case-by-case basis
4	Structural Cardiac Abnormality - TGA, TOF, MVP, VSD, ASD, PDA
5	Asthma – Poorly or Partially Controlled based on ACT scores
6	Environmental Allergy with Angioedema - e.g. allergy to grass, sea-water, dust or insect venom
7	Congenital Anaemias – with Hb below 11g/dL
8	Congenital Coagulation Disorders – e.g. Hemophilia A
9	Epilepsy – with a seizure in the past 2 years or on anti-epileptic drugs.
10	Severe obesity – based on guidelines in MOH's Weight for Height Percentile Chart
11	Chronic Back Pain - with evidence of structural abnormality (e.g. PID, spondylosis, spondylolisthesis, scoliosis)
12	Dislocation of shoulder – within last 6 months.
13	Hernias – All unoperated hernias

I, the undersigned, have examined the participant named below and certify him as follows:

Participant's Name:

Participant's NRIC:

is **FIT** / **UNFIT** to participate in the BB Blaze on 13 April 2019.

Doctor's name and clinic stamp:

Doctor's Signature:

Date:

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Consent by Parent / Guardian

I, _____ (name of parent / guardian *), allow my child / ward * _____ (name of participant), to participate in the BB Blaze 2019 on 13 April 2019.

I am aware that my child's / ward's * participation in BB Blaze 2019 involves a certain amount of risk. I understand that my child / ward * will have to cooperate fully with the staff, officers, and marshals and diligently comply with all safety measures.

I further declare and confirm that I have read and fully understand all the sections in this form, including the General Information to the Medical Examiner and that all the information provided herein is true, thereby ratifying the Medical History Declaration and Undertaking given by my child / ward *.

I have advised my child / ward * to withdraw from the competition at any point in time if he is not feeling well, and to inform the organisers should he need any medical attention.

Signature of Parent / Guardian and Date

Emergency Contact No.: _____

Emergency Treatment Authorization

In the event of an emergency when immediate observation or treatment is deemed necessary in the judgement of the medical doctor and/or authorities, I authorize and direct the school authorities to send my child / ward* to the medical facility most readily accessible.

Signature of Parent / Guardian and Date

Note to Parent / Guardian:

If your child/ward contracts any illness or disease between submission of the BB Blaze Registration Form and the BB Blaze event on 13 April 2019, it is important that your child / ward consults a doctor and you keep the Boys' Brigade HQ informed.