



個人醫療和身體狀況記錄表

Medical Form

請填寫以下每一項目。在不適用的部份填上(N/A)。本校會退回所有未填妥好的表格。
Please fill in every question. Put in (N/A) on unsuitable part. Any unfinished form will be rejected.

第一部份：一般資料(由申請人填寫)

閣下必須填妥表格, 你的申請才會被正式取錄。本醫療表格將有助我們確保你能在安全的情況下去參與我們的課程。如果我們在覆核你的醫療表格後, 覺得你此刻並不適合參與本課程, 我們將會發還你已繳交的費用, 然而我們並不會負責你因準備參加課程而花費在個人身上檢查或其他相關的資出。

Part One : Personal Information(By Applicant)

You must finish this medical form before your application is accepted. This medical form can help us ensure your safety when joining our courses. If we consider you are not suitable for our courses, we will return all your payment. However we are not responsible for all you expenses on body check or any related expenses in order to prepare for our courses.

參加者資料 / Applicant information :

姓名 Name : _____

地址 Address : _____

課程編號 Course No.: _____

電話號碼 Phone: _____

手提 Mobile: _____

出生日期 (D.O.B.): _____

性別 Gender : 男 M / 女 F

緊急聯絡人資料 / Emergency contact person :

姓名 Name: _____

地址 Address: _____

聯絡電話 Contact No.: _____

與參加者關係 Relation with applicant:

家庭醫生 :

電話號碼 Phone: _____

地址 Address: _____



每個參加者須承擔一切的醫療費用,包括在緊急情況下的撤離,因此參加者需要購買足夠的醫療及意外保險。

All applicant have to cover all medical treatment fees this also include emergency extraction. We advice all applicant to buy insurances that cover all expenses.

請詳細地回答以下每個問題,方便我們作記錄。

第二部份：醫療歷史

申請者必須填寫此部份,請準確地回答以下每個問題,方便我們作記錄。

如申請者未滿十八歲,申請人的父母/監護人需在此表格上簽署。

注意：我們勸籲閣下盡可能提供香港賽車學校所需的一切資料,為了閣下的安全,我們有責任掌握有關的資料 這些資料的失實可能會引致你本人及其他參加者受到傷害。在本表格內並未陳述的一些健康問題而最終導致你需要提早離開課程,閣下必須承擔為安排你緊急撤離下所需的費用,並會失去退還學費的資格。

Part Two : Medical history

Applicant must complete this part. Please answer following question correctly.

Applicant who less than 18 years old, his/her parents or guardians must sign in this form.

Warning: We strongly advise you to provide us with all your correct information. We are responsible for acquiring all related information in order to ensure your safety. Any misled information may cause accidents which put yourself and other applicant in danger. If applicant have to leave the course because of any health issue which did not mentioned in this form, you will have to responsible for all related expenses, and will not be returned any payment form us.



如果在下列任何一條問題你的答案填上(是)請在右方(詳情)詳述 If you answer "yes" on any question, please write down the detail on the "Detail" section	是	否	詳情 Details
1. 閣下現在是否有健康問題? 1. Do you have any health issues?			
2. 閣下現在是否在接受藥物治療?(請列名稱和出服食用量) 2. Are you now receiving medical treatment? (Please list out the name and doses)			
3. 閣下有否注射過破傷風的疫苗? 3. Have you injected any Tetanus vaccine?			日期 Date :
4. 閣下是否曾經接受手術? 4. Did you undertake any form of surgery?			
5. 閣下是否曾經或濫用某種藥物的習慣? 5. Do you have drug abuse problem?			
6. 閣下是否有視覺/聽覺問題? 6. Do you have any vision or hearing problem?			
7. 閣下是否有高血壓的問題? 7. Do you have high blood pressure problem?			
8. 閣下是否有心雜音, 心律不規則, 氣喘或胸痛? 8. Do you have heart murmurs, irregular heart rhythm, asthma or chest pain?			
9. 閣下是否有哮喘? 如有的話過往一年的病情是否已穩定下來? 9. Do you have asthma? If yes, did it become stable on past over a year?			



10.閣下是否有特殊膳食的需要? (如: 素食) 10. Do you need any special dietary needs? (E.g.: Vegetarian)			
11.閣下是否患有癲癇症? 11. Do you have epilepsy?			
12.閣下是否經常有嚴重頭痛, 暈眩或昏厥? 12. Do you often have severe headache, dizziness or even faint?			
13.閣下是否有頸,背部,手臂,腳踝或膝蓋受傷而阻礙你的活動能力? 13. Do you have any injuries that will interfere you moving capabilities?			
14.閣下是否有流血不止的問題? 14. Do you have unstoppable bleeding problem?			
15.閣下是否患有傳染性疾病? 15. Do you have any infectious diseases?			
16.女性參加者必須回答: 閣下是否懷孕? 16. To female applicant: are you pregnant?			



本人同意授權香港賽車學校在課程進行其間如遇緊急的情況下, 為本人安排送院和接受必要的治療, 例如: 麻醉和手術。本人已詳閱香港賽車學校的醫療表格, 也明白到課程會在偏遠的郊區進行訓練, 對體能及意志上都會受到一定的考驗。

本人謹此聲明以上提供給香港賽車學校有關本人的身體及心理狀況的資料均為確實無訛。本人亦明白到如果以上的資料失實而最終導致本人及其他參加者受到傷害, 本人願意承擔一切的法律責任而不會追究香港賽車學校。

申請者姓名:(請用正楷填寫) _____

申請人簽署: _____

如申請者之年齡未滿十八歲, 請家長或監護人簽名: _____

日期: _____

Disclaimer:

I agree to approve Hong Kong racing school for motorsport to transfer me to hospital and receive necessary medical treatment for example: anesthesia and surgery if i face emergency situation. I had read the medical form Hong Kong racing school for motorsport and understand that the courses will take part in remote country side; it will be a challenge to both physically and mentally.

I am here to declare all above information provide to Hong Kong racing school for motorsports are true and correct. Also i understand if any misled information leads to accident causing injuries to me and other. I will be taking all liability and Hong Kong racing school for motorsport will not take any liability.

Name of applicant : _____

Applicant's signature: _____

Parents or guardians 's signature(For applicant who under 18 years old) : _____

Date : _____