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PEOPLE'S ASSOCIATION

APPLICATION FOR OVERSEAS EXPEDITION

I ACTIVITY	
Destination _____	Period From _____ to _____
II PERSONAL PARTICULARS	
Full Name _____ _____ Name in Chinese (if applicable) _____	NRIC No./FIN *S/F _____ (S – Singapore F – Foreigner) *Pink/Blue PAYM/SSC member since _____
Home Address _____ _____ Postal Code _____	Date of Birth _____ Nationality _____ (dd/mm/yy) Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Telephone No. Home _____ Office _____	Race <input type="checkbox"/> Malay <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Others, please specify
Passport No. _____ Expiry Date _____ (dd/mm/yy) Blood group _____ Swimming Ability: *Good/Average/Nil	Name of Next-of-Kin _____ Relationship _____ Telephone No. Home _____ Pager _____ Office _____

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UNDERTAKING BY APPLICANT

I have read the OVERSEA EXPEDITION INFORMATION and agree to comply by them. I shall also comply with the training conditions and give full co-operation to the expedition leaders and the staff of the People's Association.

Signature of Applicant

Date

INDEMNITY

I am aware the *my/my child's/my ward's attendance in the expedition involves a certain amount of risks. I understand that *my/my child/my ward will have to co-operate fully with the staff and diligently comply with all safety regulations. I shall not hold the People's Association or their staff, servants and agents responsible for any damage to or loss of property or any injury or loss of life which may be sustained by *my/my child's/my ward during the expedition or arising from any cause in connection with the expedition.

Name of *Applicant/Parent/Guardian

Signature & Date

Note: For applicant that is below the age of 21, the indemnity must be signed by parent/Guardian

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PART I MEDICAL HISTORY (to be completed by Medical Examiner and/or Applicant)

1	HAVE YOU EVER HAD	YES	NO	If yes, give details
(a)	Chest pain, high blood pressure, heart problems such as heart murmur, extra heartbeat or other heart abnormality		√	
(b)	Asthma, bronchitis, tuberculosis, sinusitis, other lung problems			
(c)	Fits, epilepsy, fainting attacks, migraine, severe head injury			
(d)	Eye problems/poor vision			
(e)	Ear problems/deafness			
(f)	Nervous illness			
(g)	Diabetes			
(h)	Bone or joint injury			
(i)	A carrier status for any infectious disease			
(j)	Medical treatment within last two years			
2	DO YOU REQUIRE	YES	NO	If yes, give details
(a)	Routine Medication			
(b)	Special diet			
3	DO YOU HAVE	YES	NO	If yes, give details
(a)	Any disability			
(b)	Any other medical information too note e.g. Food, drug allergy			
4	TETANUS IMMUNIZATION	Date of last immunization		

MEDICAL DECLARATION BY APPLICANT

I declare that all the information provided above are true. I am currently not suffering from any acute ailments or diseases.

Name of *Applicant/Parent/Guardian

Signature & Date

NOTE: To be sign by Parent/Guardian if applicant is below the age of 21

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PEOPLE'S ASSOCIATION
MEDICAL EXAMINATION FORM

INFORMATION FOR APPLICANT

1 Medical Examination

We are pleased that you have enrolled in our expedition. During the expedition, you will have opportunities to engage in exciting activities like rock-climbing, trekking and many more. It is therefore important that you undergo a medical examination before embarking on the expedition. Please bring this form along to see a doctor for a medical examination. Both Parts I and II should be completed at the Medical Examination. An applicant will only be accepted for the expedition if the certified fit by the Medical Examiner. The Medical Examination fee is to be borne by the applicant. Your medical examination should be done within **two years before the expedition**.

The completed Medical Form should be forwarded with the Application for Overseas Expedition form to the completed centres/clubs or sea sports clubs immediately following the medical examiner. All information provided on this form would be treated as CONFIDENTIAL

2 Validity Period for Medical Examination

If you had undergone a medical examination for a previous expedition and the medical examination is within two years of the forthcoming expedition you are currently applying, you can use the same medical examination result and fill out Part III of this Medical Examination Form. Please enter 'Not applicable' on Parts I and II of the Form.

3. Important Note for Applicant

If you contract any illness or disease between the medical examination and the commencement of the expedition, it is important that you consult a doctor to reassess your fitness and keep the organiser informed.

INFORMATION FOR THE MEDICAL EXAMINER

The expedition is conducted outdoors in all weather conditions and would involve participants in vigorous activities on land and sea. Participants are liable to physical strain, physiological and psychological stress.

The Medical Examiner is requested to make particular note of any history of bone or joint injury and assess carefully the risk of further injury arising from the activities. **The Medical Examiner should not hesitate to assess as 'unfit' an applicant considered unlikely to cope with expedition.**