



Outward Bound® Hong Kong

Tai Mong Tsai, Sai Kung, New Territories, Hong Kong.

STAFF MEDICAL CLEARANCE FORM (OPERATIONAL STAFF)

I. TO BE COMPLETED BY APPLICANT:

I fully understand that as a condition for employment in Outward Bound® Hong Kong, I must successfully pass an examination to determine that I am in good health. I hereby declare that I am 100 % fit for OBHK work and all relevant previous injuries and conditions have been disclosed.

Applicant's Name: _____ Position Applied: _____

I hereby give consent to have further information that is requested by Outward Bound® Hong Kong released by the physician who examined me.

Signature: _____ Date: _____

II. TO BE COMPLETED BY THE PHYSICIAN:

To the Physician:

Please assess the following in terms of this person working for Outward Bound® Hong Kong and needing to be strong, fit and healthy. They will be required to lift students and equipment, complete 10 day mountain walking courses at a reasonable pace, swim, kayak, rock climb, sail and always be able to respond to emergency situations. They will be responsible for groups of up to 12 people and will be required to work long days.

Date of Examination: _____

Heart Rate: _____ Date of Birth: _____

Weight: _____ Height: _____ Weight versus height graph: _____

The following items require your assessment:

ITEM	Yes	No	Comments:
Color blindness			
Night blindness			
Vision levels			
Hearing levels			
Previous joint problems/injury			
Previous back problems/injury			
Diabetes (list Hb1AC level)			
Asthma requiring hospitalization Within previous 5 years			
Epilepsy			
Tuberculosis			
Malaria			

Heart problems			
Any prescribed medication taken regularly			
Broken bones within last 5 years			
Surgery within last 5 years			
Suicide attempts within previous 5 years			
Treatment for depression within previous 5 years			
Blood test result for HIV			
Blood test result for Hepatitis B			
Any condition requiring blood thinning medication			

Summary of Findings:

I hereby certify that I have examined the above applicant and that the above is a complete and accurate record of my examination. I hereby state that the applicant is in good physical and mental health, which is required to perform the essential functions of the position for which he or she is applying.

Physician's Name (print): _____

Physician's Signature: _____

Address: _____

Telephone: _____ Fax: _____

Screened and approved by
OBHK staff member: _____ Date: _____