

2024The 19th Annual OISO LONG BEACH Family Triathlon  
Medical Check Sheet for Participants

Please answer the following questions. Depending on the contents of your answer, you may make health consultation to a doctor or a nurse.

These questions and the health consultation are not guaranteeing your health. You must manage your condition during the race by oneself.

Race No:

Name:

Body temperature at morning today: °C

■ Have you done heart trouble and the other heavy diseases?

Yes \* No

■ Are you diarrhea now?

Yes \* No

■ Are you visiting a hospital for treatment now?

Yes \* No

■ Do you take any medicine now?

Yes (a medicine name: ) \* No

■ Are you tired for this one week?

Yes \* No

■ Did you drink a lot of alcohol last night?

Yes \* No

■ Did you sleep enough last night?

Yes \* No

■ Can you finish the triathlon today?

Yes \* No

■ Do you know what a sport in high temperature and humidity is dangerous?

Yes \* No

■ Do you abandon the race immediately if you become in bad condition?

Yes \* No