2024 The 17th Annual KAWASAKI PORT Triathlon in Higashi-Ogishima 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 toda	ay: °C				
Have you done heart trouble ar	nd the other he	eavy	diseases?		
	Yes	*	No		
■ Are you diarrhea now?					
	Yes	*	No		
■ Are you visiting a hospital for t	reatment now?	?			
	Yes	*	No		
■ Do you take any medicine now	?				
Yes ((a medicine na	ıme:) *	* No	
■ Are you tired for this one week	?				
	Yes	*	No		
■ Did you drink a lot of alcohol la	ıst night?				
,	Yes	*	No		
■ Did you sleep enough last nigh					
Did you sleep ellough last high	Yes	*	No		
Con you finish the triathlen tod			INO		
■ Can you finish the triathlon tod		Ψ.	NI		
	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		