



HEALTH FORM

This form must be completed by all students intending to grade at the Vic/Tas State Grading. Health forms must be submitted for assessment at the final training day in the year student is preparing to grade. Please note that all information is private and kept confidential and will only be viewed by selected BJMA assessors and grade coordinator.

If you have any questions or concerns, please speak to one of the assessors for clarification.

Name: _____	Date of Birth: ___/___/___
Club: _____	Current Rank: _____
Instructor: _____	Grade Coordinator: _____
Student phone: (H) _____	M) _____

Email (please print clearly) :

PLEASE INCLUDE AT LEAST ONE EMERGENCY CONTACT:

Emergency Contact: 1. Name:	Ph:
Emergency Contact: 2. Name:	Ph:

Please ensure all sections are completed and signed and provide any documentation if required. It is important to advise BJMA of any pre-existing conditions for screening purposes. In some circumstances, a medical certificate may be required BEFORE the grading date. It is your responsibility to provide that to the relevant BJMA assessor if required.

1. Have you ever had any injury, illness, back or joint condition that may be aggravated by vigorous exercise? (including previous shoulder, knee, ankle or hip injury) – Y / N
If 'yes', please detail _____

1a. Have any of these injuries occurred within or been treated within the last 12 months? Y/
N

2. Have you ever suffered from any medical condition such as asthma, diabetes, epilepsy, hernia, chest pains or dizziness, or have any severe allergies that may require an Epi-pen? Y / N (**It is the student's responsibility to ensure all medications such as Ventolin, epi-pen etc. are within easy access should they be required during the grading*).
If 'yes', please detail _____

3. Do you currently, or have you ever had a heart condition, high blood pressure, rheumatic fever, a stroke, high cholesterol, palpitations, murmurs or pains in the chest? Y / N If 'yes', please detail.

4. Are you taking any prescribed medications or dietary supplements? Y/N
If 'yes', could any medication you are taking impair reaction time or judgement? Please detail:

5. Do you have a vision and/or hearing impairment your grade coordinator and assessor needs to be aware of? Y / N **Hearing Vision**

6. Are you now, or have you recently been pregnant? Y/ N
If 'yes', how many months? _____

7. Is there any other condition or special needs that might be reason to modify your training? Y / N
If 'yes', please detail.

8. Are you currently regularly involved in an exercise program? Y / N If 'yes', please detail.

9. Are you currently under the care of a Doctor, Physiotherapist or any other health professional?

If 'yes', please detail:

Health Professional: _____ Phone No: _____
Student's signature: _____ Date: _____

Follow up required: Y/N	Medical Certificate required: Y / N
Medical Certificate Received Y / N	
Assessor's signature: _____	Date: _____

2022 Victorian State Grading

If you have any questions regarding your health assessment or the questions on the form, please contact Kyoshi Tania Rowan – 0409 350 420 or email taniarowan@gmail.com

**You may take a photo of this form and email to Tania.