

THU P. E. Exit Requirement—Self –Assessment of Physical Condition

Dear students:

Please carefully evaluate if you are fit for the test to ensure safety. Thank you for your cooperation.

Sports Safety

Y	N	Self-Assessment
		1. Have you ever been informed by any doctor that you have a heart problem and can only do recommended exercises?
		2. Have you ever experienced chest pain during physical activities?
		3. Did chest pain ever occur in the past month when you were not exercising?
		4. Have you ever lost balance or consciousness due to dizziness?
		5. Does physical activity worsen your bone or joint problem?
		6. Are you currently taking medication for heart diseases?
		7. Is there any other reason impeding you for physical activity?
<input type="checkbox"/> Y <input type="checkbox"/> N Are you fit to take the physical fitness test?		
Student's Signature : _____ Student I.D. : _____		

※ If you have not eaten breakfast, please take sugar cubes to avoid fainting.

After evaluation, if you are not suitable for the test, please apply for *self-study alternative (80 rounds)* directly, or *waiving* by providing related documents to the PE Office.