

# 自我醫療評估表

## Medical Self-assessment form

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<b>自我醫療評量表 Medical Self-assessment form</b>	
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您的健康是自身的責任，培訓教師將不會負責任何課程中及課程結束後的身體不適  
 YOUR PERSONAL HEALTH IS YOUR OWN RESPONSIBILITY. YOUR TRAINING PROVIDER SHALL NOT BE HELD RESPONSIBLE FOR ANY ILLNESS OR ACCIDENTS WHATSOEVER DURING OR AFTER THE TRAINING.

此自我醫療評量表必須在課程開始前交予訓練機構的負責人員  
 This signed Medical Self-Assessment form must be returned to the Training Provider's representative prior to the start of the training course.

護照全名 Passport name		中文姓名 Name	
參與課程 Course module		受僱公司 Company	

進行 GWO 實務訓練時，以下的疾病症狀可能造成危險  
 The following conditions could pose a risk when you actively participate in GWO Training

氣喘或其他呼吸道疾病 Asthma or other respiratory disorders

癲癇、昏迷等其他症狀 Epilepsy, blackouts or other fits / 血壓紊亂 Blood pressure disorder

心絞痛或其他心臟疾病 Angina or other heart complaints / 糖尿病 Diabetes

內耳疾病(平衡困難) Vertigo or inner ear problems (difficulty with balance)

幽閉恐懼症 / 懼高症 Claustrophobia / Acrophobia (fear of enclosed area/height)

配戴心律調節器或植入式心律去顫器 Pacemaker or implanted defibrillator

關節炎或其他影響行動能力之骨骼疾病  
 Arthritis, osteoarthritis or other muscular / skeletal disorders affecting mobility

已知的過敏(蜜蜂、蜘蛛等蚊蟲叮咬) Known allergies (E.g. bee, wasps or spider stings / bites)

近期重大手術 Recent surgery

其他可能影響使用手工具及操作機械之症狀或藥物使用  
 Any other medical condition or medication dependency that could affect working with tools / machinery

我在此聲明我已詳閱並了解上述疾病可能產生的風險，並確定自身的健康狀況能夠參加 GWO 訓練  
 我在此聲明不會有其他因素影響我進行 GWO 訓練並同意在 GWO 訓練課程期間完全遵從培訓教師指示  
 我同意若對於我的健康狀況有任何疑慮或有突發意外發生，培訓教師可終止訓練並尋求醫療建議  
 I hereby confirm that I have read and understood the above listed risks and potentially life-threatening medical conditions and that I am physically and medically fit to participate in GWO training.  
 I hereby confirm that there is no factor that will inhibit or affect my participation in the GWO training.  
 I agree to follow all instructions from the appointed instructor for the duration of the GWO training.  
 I hereby agree; should there be any doubt regarding my medical fitness or if any accidents arise, the training provider will stop the training and seek a physician's advice.

學員簽名 Delegate Signature		日期 Date	
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