

# 2025 The 20th 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