

This form is for use in connection with RYA Instructor's certificates 此表格用于RYA教练证书

New applicant初次申请 ☐

Revalidation 更新 / 重新生效 ☐

Notification of change of circumstances 变更 ☐

NOTE

1. The data recorded in this form is processed for the purpose of assessing your ability to execute a duty of care as part of the role of an RYA qualified instructor.

本表格所记录的数据是为了评估你作为RYA合格教练的角色的一部分履行义务的能力而进行处理的。

2. This form is designed to be completed by yourself and does not require to be signed by your doctor. However if you have doubts about any aspect of your fitness (including eyesight), you may wish to discuss these with your doctor before you complete the form.

此表格是需要你自己完成的，不需要医生签字，如果你对你的身体有任何疑虑，可以在填表之前与医生讨论。

3. If you have any ticks in any of the "Yes" boxes in this questionnaire or you have added qualifying remarks your form may require further assessment by the RYA Medical Assessor and you may be asked to submit to a formal medical examination.

如果你在任何“是”的框中打了钩，或你已经添加了符合条件的注解，那么你的表格可能需要RYA的医学审评员做进一步评估，并且你也可能需要提交正式的医学检查。

4. It is your personal responsibility not to work as an RYA Instructor when you are temporarily or permanently unfit to do so from illness or injury. If after completing this form you develop any medical condition, disability or illness which may affect your fitness to work, in particular your ability to navigate a vessel and take responsibility for the safety of the trainees under your tuition you must notify the RYA by completing a new Medical Questionnaire.

当你因病或受伤暂时或永久不能作为RYA教练时，不作为RYA教练是个人责任。填写完这张表格后，你出现任何影响到工作健康的健康状况、残疾或者疾病，特别是你驾驶船只的能力，你必须填写新的医疗问卷告知RYA。

PART A – PERSONAL DETAILS 个人细节

(Please PRINT and use black ink 请打印出来用黑色笔填写)

Surname 姓 _____ Forename(s) 名 _____

Home Address 家庭住址 _____

Postcode 邮编 _____

Telephone 电话 _____ Email 邮箱 _____

Date of Birth 生日 _____

PART B – MEDICAL REVIEW 医疗信息

Please answer the following questions. If you answer "Yes" to any of the questions please provide details in the box at the bottom of this section. 请对以下问题作出回答，如果有任何“是”的回答，请在这部分的底部提供详细的信息。

Have you had a coronary thrombosis (heart attack) or have undergone heart surgery? 你有冠状动脉血栓 (心脏病) 或有做过心脏手术吗

Yes ☐

No ☐

Are you liable to epileptic seizures or sudden disturbances of the state of consciousness? 你是否有患癫痫发作或突发性癫痫意识干扰的状态?

Yes ☐

No ☐

Do you suffer with heart rhythm, or have a disease of the heart or arteries? 你是否有患心律失常或心脏及动脉疾病?

Yes ☐

No ☐

Do you have abnormal blood pressure that is not well controlled with drugs?
你是否有被药物控制的异常血压？

Yes ☐

No ☐

Do you have diabetes?
你是否患有糖尿病？

Yes ☐

No ☐

Have you had a stroke, or unexplained loss of consciousness?
你是否患有中风，或原因不明的意识丧失？

Yes ☐

No ☐

Have you had a severe head injury with continuing impairment?
你有过严重的头部损伤吗？

Yes ☐

No ☐

MEDICAL QUESTIONNAIRE 医疗问题

Do you suffer from parkinson's disease or multiple sclerosis

你是否患有帕金森或多发性硬化

Yes ☐

No ☐

Are you being treated for psychological or nervous problems ?

你接受过神经或心理上的治疗吗

Yes ☐

No ☐

Have you had an alcohol or drug dependency problems within the last 5 years ?

在过去五年里， 你是否有酗酒或药物依赖的问题吗？

Yes ☐

No ☐

Do you have a profound deafness or any other impairment which affects your ability to communicate clearly on the radio/telephone?

你是否患有严重的耳聋或任何影响你在无线电话上交流的能力？

Yes ☐

No ☐

Do you suffer from double or tunnel vision?

你是否患有双重或者冠状视，视野狭隘？

Yes ☐

No ☐

Do you have any other condition which could have an adverse effect on your ability to properly discharge your duty of care as an instructor?

你是否有其他任何不利于你正确履行你教练职责的条件？

Yes ☐

No ☐

If you have any additional information you would like to provide to support this Medical Questionnaire or in response to the above question please use this space:

如果你有任何额外的信息想提供， 以支持本医学问卷或回答上述问题， 请使用此空间

PART C – DECLARATION 声明

I declare that I have checked the details given on the enclosed form and that to the best of my knowledge and belief they are true and correct. I consent to the RYA processing this information, including disclosure to the RYA Medical Assessor, and agree to submit to a medical examination if requested by the RYA.

我声明我已核对了所附表格上的详细资料，据我所知，这些资料真是无误。我同意RYA处理这些信息，包括向RYA医学评估师披露的信息，并同意接受RYA的医学检测

Signature of Applicant 声明人签字 _____ Date 日期 _____

