



MEDICAL FORM

Program: PreCollege Program Queretaro

Date: _____

Name: _____	Date of Birth: ____/____/____
Weight: _____ kg Height: _____ m Blood Type: _____	Gender: Female Male

The information requested in this questionnaire serves the sole purpose of informing the Pre-College staff about any medical conditions of the participants and helping determine if anyone requires special attention.

It is a requirement for participants to have valid medical insurance with international or Mexican coverage.

Safety is a top priority in all activities conducted at the Pre-College Program. Participating in Tec de Monterrey's Pre-College program involves both physical and emotional risks, and the responsibility for these risks must be individually assumed. All activities are based on the philosophy of "Challenge by Choice," meaning each participant chooses their level of participation.

Pre-College activities might include warm-up exercises, games, dynamics, and team-building initiatives. These activities demand significant physical effort and should be undertaken by individuals in optimal health.

This information is for Pre-College program staff only and will be kept confidential.

	YES	NO	
Do you have any physical limitation or disability (temporary or permanent) for which your doctor would recommend limiting your participation in physical activities?	<input type="checkbox"/>	<input type="checkbox"/>	If your answer was affirmative, please explain:
Are you currently undergoing any medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>	If your answer was affirmative, please mention what you are taking and the conditions of the medication:
Are you allergic to any medication or do you have allergies?	<input type="checkbox"/>	<input type="checkbox"/>	If your answer was affirmative, please explain:



Have you undergone any surgical intervention or surgery in the last year, that could limit your participation in some activities?			If your answer was affirmative, please explain:
Are you currently recovering from any surgical intervention?			

According to your medical history, do you suffer or have you suffered from:

	YES	NO	
Heart disease?			If any of your answers was affirmative, please explain:
Have you had any issues with your spine?			
Do you experience frequent headaches?			
Diabetes?			If your answer was affirmative, please mention whether you currently use insulin or not.
In your family, is there any relative with heart problems?			If your answer was affirmative, please explain:
Do you smoke?			Since when have you not smoked?
Are you a former smoker?			



Which of the following statements describes you better?	
1	Very little or no exercise.
2	I exercise occasionally, 1 or 2 times a week.
3	I exercise regularly, 3 or more times a week.

In the case of being a woman: Are you pregnant?	
YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

Contact information in case of accident or illness:		
Name:	Relationship:	Home phone:
Domicilio:		Office phone:
		Mobile phone:

I confirm that the information I have provided is truthful and complete. I understand that the omission of information could impact my own safety and that of those with me, so if I jeopardize my physical safety, I take full responsibility.

I understand that there are some stages of the Pre-College program that may require physical and emotional effort on my part. I agree to follow the instructions provided by the Tec program facilitator during the course. I am aware of the inherent risks in Pre-College program challenge activities. **In the event of an accident, I absolve Tecnológico de Monterrey and its instructors of any responsibility.**

Participant's Signature

Parent or Guardian's Signature

*** If you have any allergies, please remember to bring your own medication***