KOBE MARATHON 2025

Kobe Marathon Committee

Health Check List

A health check is necessary to participate in Kobe Marathon.
Please be sure to check your health condition and then participate in the marathon responsibly.

A

Please check the appropriate box.
If any of the below items apply (1～5), please consult your primary-care doctor in order to participate in the race.
Please have a physical checkup and a heart exam under the guidance of your primary-care doctor.

☐1. I have heart disease (Myocardial infarction, Angina, Myocardiosis, Valvular disease, Irregular heartbeat).
☐2. I have fainted unexpectedly (Fainting spells).
☐3. I have felt chest pain and lightheadedness during exercise.
☐4. I have relatives who died unexpectedly from heart disease.
☐5. I have not had a physical examination for over a year.

B

The below items (6～8) are risk factors linked to the development of Myocardial infarction or Angina. If applicable, please consult your primary-care doctor.

☐6. I have high blood pressure (Hyperpiesia).
☐7. I have high blood sugar (Diabetes).
☐8. I have a high cholesterol count or high neutral fat count (Hyperlipemia).

** Primary-Care Doctor means a doctor close to you who manages and provides advice on your healthcare. Please decide your primary-care doctor and receive consultation regarding examinations and participating in the race.