

OSA - iRun and iWalk Records Form

Name					
Student No.			Mobile No.		
Activity	Date	Time	Distance	PE Hour (0.5/1)hr	Checked by OSA
<input type="checkbox"/> iRun <input type="checkbox"/> i Walk					
<input type="checkbox"/> iRun <input type="checkbox"/> i Walk					
<input type="checkbox"/> iRun <input type="checkbox"/> i Walk					
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I hereby declare that the record(s) given above is true and I am aware of the fact that if the record(s) given by me is proved not done by myself, all the related PE hours shall be cancelled.

Signature & Name

Date