

Full Name:	
D.O.B. (dd/mm/yyyy):	Contact number:

Emergency contact name:		Relationship:	
Contact numbers:	Mobile:	Home:	Email:

Address:	Postcode:
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Health Questions		
Have you ever experienced the following?:	Please tick	
	Yes	No
High or Low Blood Pressure		
Elevated Blood Cholesterol		
Diabetes		
Chest pain brought on by physical exertion		
Epilepsy		
Dizziness or Fainting		
A bone, joint or muscular problem or arthritis		
Asthma or other respiratory problems		
Any sustained injuries or illnesses		
Any allergies		
Are you taking any medication		
Has your Doctor ever advised you not to exercise?		
Is there any reason not mentioned above why any type of physical activity may not be suitable for you?		
If you have answered YES to any of the above questions, or if you have any additional comment please write full details here:		

If you have answered 'Yes' to one or more questions, you should talk to your doctor about any health issues that may be an impediment to starting a physical activity programme, and let us know his/her advice to proceed with safe physical activity. If you have answered 'No' to all questions or your health consultant has referred you, we can reasonably be sure you can gradually start an exercise programme to build up your physical fitness. You will need to inform us if you have any health changes.

I have read, understood and completed this questionnaire to the best of my knowledge.

Name:

Signature:

Date: