

Health and Fitness Questionnaire

Name

By answering the following questions you will help club members to be better prepared to give assistance if it is needed. 'Yes' answers will not place a restriction on your activities within the club.

Delete as appropriate

1. Do you suffer from any health problems that are aggravated by exercise or exposure to the cold? Yes/No

If Yes please give details

2. Do you have any of the following?	Diabetes	Yes/No
	Asthma	Yes/No
	Heart Condition	Yes/No

If Yes to any of the above please give details.....
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3. Do you suffer from any persistent injury, including problems with your joints or back? Yes/No

If Yes please give details.....
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4. Do you suffer from any hearing or sight impairment? Yes/No
(excluding normal use of spectacles)

5. Do you suffer from any allergies which would invoke an acute reaction? Yes/No

If Yes please give details.....
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6. Is there anything else health related you think we should know about please give details.....
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Please inform your instructor if you are carrying medication, eg. Inhalers, epi-pen

Many thanks for completing this health declaration.