

Heath Questionnaire

Please complete the following questions honestly to determine your readiness to take part in exercise.

Personal Details

First Name _____ Surname _____ Title _____

DOB _____ Age _____

Name of person to contact in an emergency _____

Emergency Contact Number (Home) _____ Mobile _____

Medical Background

Do you or have you ever experienced any of the following?

	YES	NO
1. Chest pains whilst exercising	<input type="checkbox"/>	<input type="checkbox"/>
2. Heart problems or conditions	<input type="checkbox"/>	<input type="checkbox"/>
3. Recent operations	<input type="checkbox"/>	<input type="checkbox"/>
4. Bone or joint problems including osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you faint or pass out without warning	<input type="checkbox"/>	<input type="checkbox"/>
6. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
7. Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
8. High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you pregnant ?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you had a baby in the past 6 months?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are there any other reasons not mentioned that may affect your readiness to participate in exercise?	<input type="checkbox"/>	<input type="checkbox"/>

If you have ticked the 'yes' box, please provide details _____

Thank you for your co-operation.

Candidate Signature _____ Date _____