

## Why a Health Questionnaire



We are asking you about your **health**



We need to make sure that you are **healthy** enough to exercise



We need to know as much as possible



You may be asked to see your doctor before starting exercise



If you need help with the questionnaire please ask your carer or support worker to help you

## Health Questionnaire

Name: ..... Date of Birth: .....













Address: .....







Telephone Number: .....

Have you had any of the following? (Tick Box)




	 YES	 NO		 YES	 NO
Heart Problems 			Joint Problems 		
Fainting Spells 			Epilepsy 		
Pain in Chest when Exercising 			Back Complaints 		
High Blood Pressure 			Are you any sort of Medication 		

<p>Low Blood Pressure</p> 			<p>Diabetes</p> 		
<p>Any breathing difficulties Or asthma</p> 			<p>Any other significant illness, recent or serious operations</p> 		

If any other illness or operations, what?



If you have ticked  any of the above you need to get more advice from your doctor



What sports or exercise do you take part in and when?

Declaration

I wish to begin a plan of physical activity including weight training and the use of different gym machinery.

I confirm that I do not suffer from any illness which stops my involvement in an exercise plan.

I take full responsibility for my own health and any present risks when exercising.

I will follow the rules in this document, and all leisure centre rules

Name.....

Date.....

Signature.....

Guardian Print Name.....

Date.....

Guardian Signature.....

**Office Use Only**

Action Taken  
.....

Instructor.....

Checked.....