



Health Screening Information

Office use only:

Venue:

Start date:

Instructor:

Date:

Gender & pronouns:

GP name & address:

Name of Participant:

Title:

Date of birth:

Address and Postcode:

Phone Number:

Email Address:

Emergency contact (Name/Relationship/Number):



Health Screening Declaration Form

Issue 3: Aug 2022



Use the “further information” box to provide more information to any of the questions

1. Has your doctor ever said that you have a **heart condition (including angina)** or have you ever had a stroke?

yes no

2. Do you ever have **chest pain**?

yes no

3. Have you ever been told that your **blood pressure was too high**?

yes no

4. Do you **lose your balance because of dizziness**, or do you ever lose consciousness?

yes no

5. Do you have **back pain or aching joints**, or are you recovering from a recent or recurring injury?

yes no

6. Do you have any of the following?

Diabetes yes no

Respiratory condition (COPD) yes no

Arthritis yes no

Epilepsy yes no

Anxiety/Stress/Depression yes no

Cancer yes no

7. Have you had any **serious illness or been in hospital during the last year**?

yes no

8. Have you ever been told your **blood sugars are higher than they should be**?

yes no

9. Are you pregnant, think you may be pregnant or have given birth in the last six weeks?

yes no

10. Are you on any **medication**? (please list in further information box below)

yes no

11. Do you have any **allergies**? (please list in further information box below)

yes no

12. Have you had or are you currently experiencing any long-term effects of **COVID 19**?

yes no

13. Do you have any **other medical conditions**? (please list in further information box below)

yes no



Further Information (including **medication** and **health conditions** indicated above)

14. Do you know of any **reason you should not take part in any physical activity** or would need to seek clinical advice before starting this program? **yes** **no**

Participant Name.....

Parent/Guardian Name.....

Date.....

Signature.....



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