

Application - Medical Screening Form

This information is essential to ensure your safety and that you are assigned the appropriate level of exercise. Please answer all questions on this form (answer n/a where not applicable). Please do not leave blanks on the form.

Personal Details

Name:	Email Address:
Address:	Mobile Number: Home Telephone:
Date of Birth:	GP Name:
Gender:	Occupation:
Person to be contacted in case of emergency: Name: Contact number (s):	

Health and Medical History

1. Do you have or have you ever had any known heart condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Do you have any other medical conditions (e.g. Asthma, Diabetes, Arthritis, Gout, Epilepsy, Hernia, Dizziness, High Blood Pressure, Ulcer)? Please list or give brief details	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Are you currently taking any medication? Please list or give brief details	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Do you have any recent injuries that may be affected by exercise? Please list or give brief details	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Do you currently have or in the recent past any back pain?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Do you have or have you ever had a bone or joint condition that could be made worse by exercise or that could prevent you from exercising?	Yes <input type="checkbox"/> No <input type="checkbox"/>

7. Are you pregnant?

Yes No

8. Have you had a baby within the last year?

Yes No

If yes, have you had your 6 week (or 10 week if relevant) post natal check-up?

Yes No

If yes, were you given the all clear to exercise?

Yes No

If you have not been cleared to exercise please consult your GP before engaging in a regular exercise programme. If you become pregnant at any time please inform your exercise leader.

Exercise History

9. Are you partaking in any form of exercise or physical activity at present?

Yes No

If yes, please give details of the type, frequency and duration of the exercise.

If no, did you partake in any form of exercise or physical activity in the past?

Yes No

If yes how long has it been since you were engaged in regular exercise

Informed Consent

I confirm that I have completed the above questionnaire to the best of my ability and that I have provided accurate information regarding my current health status. I take it upon myself to discuss any changes in my health with the Exercise Leaders. I understand that any exercise programme has certain risks. I understand that the degrees of risk depend on my health and physical fitness. I am voluntarily participating in the activities of this Meet&Train Programme and I will immediately discontinue any activity if feeling any symptoms of distress or discomfort and I will notify a member of staff of same. In this respect, I hereby indemnify the club and leaders.

Participant's Signature: _____

Date: _____

Meet&Train Leader's Signature: _____

Date: _____