



Health Questionnaire (liability waiver)

First Name	Surname	D.O.B	Venue: R.P
Address			
Telephone (Home)	Work / Mob	Email	

	YES	NO
1. Has your doctor ever said you have heart trouble?		
2. Do you experience pains in your chest when you do physical activity?		
3. Do you ever feel faint or have spells of severe dizziness		
4. Has a doctor ever said your blood pressure was too high?		
5. Has your doctor ever told you that you have a bone or joint problem(s) such as arthritis that has been aggravated by exercise, or might be made worse with exercise?		
6. Do you suffer from any problems of the lower back, i.e, chronic pain, or numbness?		
7. Are you currently pre or post-natal?		
8. Are you currently taking any medications?		
9. Do you suffer from diabetes / epilepsy?		
10. Do you currently have a disability or a communicable disease?		
11. Have you been in hospital or had any type of surgery in the last 3 years?		
12. Are you asthmatic or do you suffer from breathing difficulties?		
13. Have you ANY medical condition which you feel Armed Forces Fitness should be aware of or could prevent you following a physical training program?		

Common sense is your best guide in answering these few questions. Please read them carefully and tick **YES** or **No** opposite the question if it applies to you. If **YES**, please explain further below.

If you answered YES to any question above then please provide further information below:

Question	Further information / explanation

If you answered **YES** to any of the above questions this may be a contra-indication to exercise and you may need written permission from your General Practitioner (GP) before participating in physical and aerobic fitness activities and/or fitness evaluation testing. Please seek advice from your surgery/practice nurse or GP.

If you answered **NO** to all questions above, it gives a general indication that you may participate in physical and aerobic fitness activities and/or fitness evaluation testing. The fact that you answered **NO** to the above question is no guarantee that you will have a normal response to exercise. If you feel any type of unusual discomfort or pain during the sessions then please feel free to stop the activity. However, you should be prepared to push yourself out of your usual comfort zone in this type of physical training program. **IF IN DOUBT THEN PLEASE USE A COMMON SENSE APPROACH.**

Please Note: If there are any changes to your health and/or fitness it is your responsibility to inform the instructors before the commencement of any physical training session.

Print Name	Signature	Date
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Please indicate what you feel your current level of fitness is (please tick) Unfit Average Quite/ Very fit