



## THE WYKEHAM SPORTS CLUB

### Health/Medical Questionnaire

This questionnaire has been designed to identify anyone for who physical activity may be inappropriate or should seek medical advice about the type of physical activity most suitable for them.

Please read through each question carefully and circle the appropriate answer.

- 1) Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? **YES/NO**
- 2) Do you feel pain in your chest when you do physical activity? **YES/NO**
- 3) In the past month, have you had chest pain when you were not doing physical activity? **YES/NO**
- 4) Do you lose your balance because of dizziness or do you ever lose consciousness? **YES/NO**
- 5) Do you have a bone or joint problem that could be made worse by physical activity? **YES/NO**
- 6) Are you currently taking any medication? **YES/NO**
- 7) Are you pre/post natal? **YES/NO**
- 8) Do you suffer from asthma or breathing difficulties? **YES/NO**
- 9) Do you suffer from diabetes or epilepsy? **YES/NO**
- 10) Do you have any sports injuries? **YES/NO**
- 11) Have you ever suffered from neck or back problems? **YES/NO**
- 12) Is there any good physical reason not mentioned why you should not participate in physical exercise? **YES/NO**

If you have answered yes to any one of the above questions, it is advisable that you consult your doctor before embarking on any physical activity

Signed..... Print..... Date.....