

Health Check Questionnaire

Before participating in physical activity it is recommended you consult your GP for advice. For your own safety please answer the following questions as honestly as possible. For multiple members please fill out details for each applicant. (All data is held in the strictest confidence).

Member Name 1	Member Name 2	Member Name 3	Member Name 4

1. Has a doctor ever said that you have a heart condition and recommended medically supervised activity?

	Y	N		Y	N
Member 1			Member 2		
			Member 3		
			Member 4		

2. Do you have chest pains brought on by physical activity?

	Y	N		Y	N
Member 1			Member 2		
			Member 3		
			Member 4		

3. Have you developed chest pains in the past month?

	Y	N		Y	N
Member 1			Member 2		
			Member 3		
			Member 4		

4. Do you suffer from dizziness which results in loss of consciousness or falling over?

	Y	N		Y	N
Member 1			Member 2		
			Member 3		
			Member 4		

5. Do you have a bone or joint problem that could be aggravated by physical activity?

	Y	N		Y	N
Member 1			Member 2		
			Member 3		
			Member 4		

6. Has a doctor ever recommended medication for your blood pressure or heart condition?

	Y	N		Y	N
Member 1			Member 2		
			Member 3		
			Member 4		

7. Is there any other reason (please include any prescribed medication) why you should not commence a programme of physical activity?

	Y	N		Y	N
Member 1			Member 2		
			Member 3		
			Member 4		

If you have answered yes to one or more of the above questions, talk with your doctor before starting regular physical activity and follow their advice.

Declaration & Safety Agreement:
 I acknowledge that there are risks inherent in physical exercise. I declare that to the best of my knowledge I know no reason why I should not participate at Thongsbridge Tennis Club.

Member Signature	Print Name
1.
2.
3.
4.

Date: