

absolute beginners



HEALTH QUESTIONNAIRE CONFIDENTIAL

Please complete the following and hand or post to:
Steve Kitney, Sunchyme, 15 Tongham Rd., Runfold, Surrey, GU10 1PH.

Name _____ Phone _____

Address _____

Email _____

Emergency contact name and number _____

Age _____ Height _____ Weight _____

1. Have you had any recent injury or illness? If yes, what ?
2. Are you pregnant, recently had a baby or breastfeeding? Provide details...
3. Do you have any medical condition which may affect your participation in this programme?
4. Are you taking any medication? If so, what and why?

NOTE: If you have any doubts about your suitability to take part in this programme, please contact your GP for advice before booking.

PLEASE FILL OUT THE REVERSE OF THIS FORM BEFORE SIGNING BELOW AND RETURNING

Disclaimer

- I hereby confirm that I participate in the 'Absolute Beginners' programme completely at my own risk and state that I do not hold the organisers responsible for any injury, loss or accident incurred.
- I accept that I may be running on the highways, pavements and roads and agree to take full responsibility for following the Highway Code when running.
- I also agree that I know not of any medical or physical reason why I should not participate in the 'Absolute Beginners' programme and that I have permission from my GP or doctor to allow me to participate. If I am unsure of my suitability to participate I will gain permission from my GP or doctor. If I develop any new relevant medical or physical condition, I will inform the organisers of this.

Signature _____ Date _____

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Physical Activity Readiness Questionnaire

Please read the following questions carefully and answer each one honestly.
Tick **YES** or **NO**

	YES	NO
Has your doctor ever said that you have a heart condition and that you should only do physical exercise recommended by a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel pain in your chest when you do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
In the past month, have you had chest pain when you were not doing physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Do you lose your balance because of dizziness or do you ever lose consciousness?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a bone or joint problem that could be made worse by a change in your physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Is your doctor currently prescribing drugs for your blood pressure or heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
Do you know of any other reason why you should not do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>

If you answer **YES** to one or more questions, you **must** check with your doctor before taking part in 'Absolute Beginners'