

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_

Regular physical activity has many health benefits, however, some people should check with their doctor before they start. When planning to undertake physical activity, you should start by answering the questions below. If you are in any doubt, consult with your G.P before commencing exercise. Please read the questions carefully and answer them honestly by circling YES or NO.

**PHYSICAL ACTIVITY READINESS & HEALTH SCREENING QUESTIONNAIRE**

1	Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?	<b>YES / NO</b>
2	Do you ever feel pain, pressure, heaviness or tightness in your chest area when you do physical activity or ever get unusually short of breath with very light exertion?	<b>YES / NO</b>
3	In the past month, have you had chest pain when you were not doing physical activity?	<b>YES / NO</b>
4	Do you lose balance because of dizziness or do you ever lose consciousness?	<b>YES / NO</b>
5	Do you have a bone or joint problem that could be made worse by a change in your physical activity level?	<b>YES / NO</b>
6	Have you ever had any problems with your back?	<b>YES / NO</b>
7	Is your doctor currently prescribing any medication for your blood pressure or a heart condition?	<b>YES / NO</b>
8	Is there any family history of heart disease, stroke, raised cholesterol or high blood pressure?	<b>YES / NO</b>
9	Do you suffer from diabetes/epilepsy/asthma?	<b>YES / NO</b>
10	Are you pregnant, or have you given birth in the last six months/weeks?	<b>YES / NO</b>
11	Do you have or have you had any illnesses recently or in the past 5 years?	<b>YES / NO</b>
12	Have you recently had surgery or are receiving treatment for any diagnosed medical condition?	<b>YES / NO</b>
13	Do you know of any other reason why you should not do physical activity?	<b>YES / NO</b>

If you have answered **YES** to any of the questions above, which you have not had a professional opinion on, please consider gaining consent from your GP to participate in this event.

**DECLARATION**

I have understood and answered all of the above questions honestly and I confirm that, to the best of my knowledge, the answers are correct and accurate. I know of no reason why I should not participate in this triathlon. I understand that I would be using the gym facilities entirely at my own risk and waive any legal recourse for damages to myself or property arising from my participation.

I understand that I should not exercise if I feel unwell and that if my health changes I should inform the Event Organiser.

Signed \_\_\_\_\_ Print Name \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE BRING THIS FORM WITH YOU TO THE EVENT**