Medical Information Form

Name …………………………………………………………………………………………………..

Please read the questions carefully and answer each on honestly, ticking the appropriate box and adding further info if required.

Question				
1. Have you been diagnosed with a heart problem by a medical professional?	**Yes**		No	
2. Have you ever had chest pain when you were doing any activity?	**Yes**		No	
3. Have you ever experienced any chest pains whilst resting?	**Yes**		No	
4. Are you currently taking any medication for a heart condition?	**Yes**		No	
5. Are you currently taking medication for any other condition?	**Yes**		No	
6. Do you suffer from any bone or joint problems?	**Yes**		No	
7. Have you ever had any major illness or major surgery?	**Yes**		No	
8. Have you ever been diagnosed with diabetes?	**Yes**		No	
9. Have you ever been diagnosed with epilepsy?	**Yes**		No	
10. Have you ever been diagnosed with asthma?	**Yes**		No	
11. Have you ever been diagnosed with any other health problems?	**Yes**		No	
12. Are you pregnant?	**Yes**		No	
13. Have you recently given birth?	**Yes**		No	
14. Do you ever lose your balance because of dizziness or lose consciousness?	**Yes**		No	
15. Are you feeling unwell at present due to cold, flu or headache etc?	**Yes**		No	

If you have answered YES to any of the above questions, please enter the question number and a brief description of the condition below and include details of any medication taken.

Q. No.	Condition & Medication

StaySafe Self Defence may need to contact you registered doctor to discuss any pre-existing conditions in order to establish a suitable starting point for any physical training under taken.

If your health changes so that you may then answer 'YES' to any of the above questions, you must inform a StaySafe Self Defence instructor as soon as possible.

Declaration

I declare I have read, understood and completed this questionnaire to the best of my knowledge.

Signature: .... Date: ....