

<b>Course Code(s)</b>
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Welcome to your exercise class. In order to comply with KAE regulations, and with your health and safety as our priority, you are required to complete this questionnaire. This questionnaire is designed to help the tutor in planning the course in a way that it will be of value to you. The information supplied will be treated in the strictest confidence and will not be disclosed to a third party without your prior consent. Please ✓ where appropriate.

Under the terms of the DDA you are not obliged to disclose a disability, however, for health and safety reasons, should you choose not to do so the Service will request that you supply a doctor's letter to confirm your suitability for your chosen course and will not be held responsible for the worsening of an undisclosed existing condition.

<b>Name:</b> ..... <b>Address:</b> ..... .....	<b>Home/Mobile Phone Number:</b> ..... <b>Work Phone Number:</b> ..... .....
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Age Group:      Under 24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65plus <input type="checkbox"/>
Previous practice of Fitness /Yoga/ Sport      No <input type="checkbox"/> Yes <input type="checkbox"/> Years:
<b>Please can you tell us briefly your reasons for joining this class and your expectations?</b> ..... .....

<b>Do you have any of the following conditions?</b>		
<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Chest pains	<input type="checkbox"/> Other (eg. Joint pain)
<input type="checkbox"/> High Blood pressure	<input type="checkbox"/> Arthritis (Where?)	Please specify:
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Eye Condition (eg glaucoma)	
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Migraine	
<input type="checkbox"/> Low back pain	<input type="checkbox"/> Hernia/Hiatus Hernia	
<input type="checkbox"/> Neck Pain	<input type="checkbox"/> Asthma	
Had surgical operation (within last 5 yrs) ?      No <input type="checkbox"/> Yes <input type="checkbox"/> Please specify:		
Are you prescribed any medication by your GP?      No <input type="checkbox"/> Yes <input type="checkbox"/>		
<b>If you have answered yes,✓ to any of the above, then you are advised to check with your GP whether she/he approves your attendance at this class.</b>		
<b>Please inform your tutor of any change in your physical circumstances.</b>		
<i><b>Women</b> if you are pregnant or become pregnant during the term, please inform your tutor.</i>		
1. I can confirm that I do not have any of the conditions stated or undergone treatment. <input type="checkbox"/> 2. Or have consulted my GP who considers that it is safe for me to attend the class. <input type="checkbox"/>		

" I confirm that where any medical condition, discomfort or injury which may be worsened by physical activity applies or becomes applicable at any time when I am participating in a KAE class, I am responsible for checking with my doctor to ensure I am able to participate in this activity".
<b>SIGNED</b> ..... <b>PRINT NAME</b> ..... <b>DATE</b> .....
Emergency contact name & telephone number: .....