

FOR ACADEMIC YEAR:	Course Code(s)
---------------------------	-----------------------

All participants in Health and Fitness classes are required to complete a Health and Fitness questionnaire annually for your own protection and to comply with Health and Safety requirements. 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.

Name:	Home/Mobile Phone Number:
Address:	Work Phone Number:
.....	

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"/> 65 plus <input type="checkbox"/>
Previous practice of Fitness /Yoga/ Sport No <input type="checkbox"/> Yes <input type="checkbox"/> Years:
Please can you tell us briefly your reasons for joining this class and your expectations?
.....
.....

Do you have any of the following conditions?		
<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"/>		
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.		
Please inform your tutor of any change in your physical circumstances.		
<i>Women - 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.
SIGNED PRINT NAME DATE
Emergency contact name & telephone number:

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.