

Health Screen Questionnaire

Appendix 1



Workington Wasps Health Screening Questionnaire

Name: Gender: Date of Birth:

If you are between the ages of 15 and 69 and are intending to take part in physical activity or regular sport/exercise and are new to exercise, the questions below will give an indication as to whether you should consult a doctor before you start. If you are over the age of 69 and you are not used to physical activity, you should consult you doctor first in any case. All information you record on this form will be treated with the utmost confidentiality, it will be stored in a secure place and made available to you at any time.

Please Tick the appropriate box :

| | |
|-----|----|
| YES | NO |
|-----|----|

- | | | | |
|-----|---|--------------------------|--------------------------|
| Q1 | Has your doctor ever said you have a heart condition and/or should only participate in medically supervised physical activity ? | <input type="checkbox"/> | <input type="checkbox"/> |
| Q2 | Do you ever feel pain in your chest during physical activity ? | <input type="checkbox"/> | <input type="checkbox"/> |
| Q3 | Have you experienced chest pains when not doing physical activity ? | <input type="checkbox"/> | <input type="checkbox"/> |
| Q4 | Do you suffer with palpitations ? | <input type="checkbox"/> | <input type="checkbox"/> |
| Q5 | Do you experience dizziness or fainting ? | <input type="checkbox"/> | <input type="checkbox"/> |
| Q6 | Have you ever been told you have high blood pressure or are you taking medication for blood pressure or any heart condition ? | <input type="checkbox"/> | <input type="checkbox"/> |
| Q7 | Do you have any existing bone or joint problem that could be made worse by physical activity ? | <input type="checkbox"/> | <input type="checkbox"/> |
| Q8 | Do you experience shortness of breath during only mild exertion ? | <input type="checkbox"/> | <input type="checkbox"/> |
| Q9 | Do you suffer from either Asthma or Diabetes Mellitus ? | <input type="checkbox"/> | <input type="checkbox"/> |
| Q10 | Are you taking any prescribed medication we need to be made aware of ? If so, what ? | <input type="checkbox"/> | <input type="checkbox"/> |
| Q11 | Are you pregnant or have you given birth in the last 6 weeks ? | <input type="checkbox"/> | <input type="checkbox"/> |
| Q12 | Have you recently undergone surgery or are you carrying any injury ? | <input type="checkbox"/> | <input type="checkbox"/> |
| Q13 | Are you aware of any other reasons why you should not participate in physical exercise without medical supervision ? If so, what ? | <input type="checkbox"/> | <input type="checkbox"/> |

Please Tick the appropriate box :

| | |
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| YES | NO |
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Q14 Is your level of cholesterol known to be high ?

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Q15 Do you smoke regularly? If so, how many ?

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Q16 Is there any history of coronary heart disease or coronary Artery disease in either your parents or siblings before The age of 55 ?

| | |
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Q1-16

If you answered YES to any of the questions above, we will require you obtain written consent from your doctor before agreeing to undertake any form of fitness testing , physical activity , training or exercise with you. We suggest you talk to your doctor by phone or in person before you begin becoming more physically active and certainly before you undertake any form of formal fitness or training. Tell your doctor about this questionnaire and which question(s) you answered yes to.

You may be able to do any activity you want – as long as you begin slowly and build up gradually or may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activity you wish to participate in and follow his/her advice.

IMPORTANT NOTE

If you proceed with any type of physical activity and during that period, your health changes so that you would subsequently answer YES to any of the above questions, please consult your doctor and seek advice on the suitability of this training. Please listen to your body, while physical exercise can be good for you , if you feel unwell during a training session please let us know and sit out as appropriate. If this becomes a regular occurrence please consult your doctor. If you feel unwell because of a temporary illness such as cold or flu , it is advisable to stop training and recover properly – wait until you are better.

MEMBER DECLARATION

I HAVE READ , FULLY UNDERSTOOD AND COMPLETED THIS QUESTIONNAIRE. THE ANSWERS I HAVE GIVEN ARE ACCURATE TO THE BEST OF MY KNOWLEDGE.

Signed:

Date: