



HEALTH QUESTIONNAIRE

www.saltairballetswans.com

NAME _____

ADDRESS _____

POST CODE _____

MOBILE _____

EMAIL _____

TWITTER _____

FACEBOOK _____

EMERGENCY CONTACT NAME AND NUMBER : _____

ARE YOU ON ANY MEDICATION THAT MAY EFFECT YOU DURING THE SESSION ? YES NO

HAVE YOU ANY ILLNESS OR DISABILITIES ? YES NO

DO YOU HAVE ANY INJURIES OR JOINT PROBLEMS ? YES NO

ARE YOU PREGNANT OR HAVE YOU BEEN IN THE LAST 6 MONTHS ? YES NO

ARE THERE ANY CONDITIONS WE SHOULD BE MADE AWARE OF ? YES NO

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE GIVE DETAILS :

IN BRIEF, PLEASE GIVE ANY RECENT EXERCISE HISTORY (WHEN AND WHAT FORM ?)

HAVE YOU BEEN RECOMMENDED TO A HEALTH PRACTICIONER, PLEASE GIVE DETAILS ?

WHILST EVERY EFFORT IS MADE TO KEEP THE SESSION BOTH SAFE AND EFFECTIVE, THERE IS ALWAYS A RISK OF INJURY AS WITH ANY PROGRAMME OF ACTIVITY. I HEREBY STATE THAT I HAVE READ, UNDERSTOOD AND ANSWERED HONESTLY THE EXERCISE HEALTH SCREENING QUESTIONNAIRE AND I AM PARTICIPATING OF MY OWN FREE WILL. I ALSO UNDERSTAND THAT THERE WILL ON OCCASION BE A STAND IN INSTRUCTOR.

START DATE _____ SIGNATURE _____