



Sport, Exercise & Physical Activities.

# Health Screening Form

**Completed Form must be handed in to your Instructor at the First Session you attend. YOU WILL BE TAKING PART AT YOUR OWN RISK IN VIEW OF GOVERNMENT ADVICE.**

Instructor	Class	Day and time
Name	Age	Date of birth

Address

Telephone No(S).	Email address	Contact in case of an emergency : Name and Tel No:
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### Medical History:

<input type="checkbox"/> Angina	<input type="checkbox"/> Fainting/Dizziness	<input type="checkbox"/> Depression
<input type="checkbox"/> Anaemia	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Pulmonary disorder
<input type="checkbox"/> Arthritis	<input type="checkbox"/> High cholesterol	<input type="checkbox"/> Shortness of breath
<input type="checkbox"/> Asthma	<input type="checkbox"/> Low Blood Sugar	<input type="checkbox"/> Stroke (CVA)
<input type="checkbox"/> Cancer	<input type="checkbox"/> Irregular heart beats	<input type="checkbox"/> Shoulder replacement
<input type="checkbox"/> Cardiac problems.	<input type="checkbox"/> Memory loss	<input type="checkbox"/> Back problems
<input type="checkbox"/> Chest pains	<input type="checkbox"/> Osteoporosis	<input type="checkbox"/> Hip replacement
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Parkinson's disease	<input type="checkbox"/> Knee replacement
<input type="checkbox"/> Emphysema	<input type="checkbox"/> Phlebitis	

**If you have any of the COVID symptoms you are not to attend face to face classes.**

If you have ticked any of the above, please give a little more detail. Is your medical condition controlled? Have you symptoms changed over the past month?

**Please complete details on the reverse of this health screening questionnaire.**

# GSLA/PAAMOA Sport, Exercise & Physical Activities Health Screening Form

Do you take any medications for any of the above conditions? If so, please give details:

What would like to achieve by taking part in sessions i.e. pick things up more easily, improve balance

## Informed Consent

- I hereby state that I have read, understood and answered honestly this screening form.
- Whilst I am aware that all care will be taken to keep all sessions safe and enjoyable, I am participating of my own free will and understand that as with any exercise or physical activity there is a risk of injury.
- I understand that on rare occasions there may be a stand in instructor/leader.
- Privacy – Your details will be kept in line with current Data Protection legislation, details of which can be found on [www.paamoa.gi](http://www.paamoa.gi).

**I declare that if I have any changes in my physical or medical condition I will inform my instructor/leader prior to starting my class.**

Signed \_\_\_\_\_

Date \_\_\_\_\_

To be completed by class instructor

**Instructors Name**

Any additional information gained from talking to client?

Does this client need to gain approval from a medical practitioner before participating in your class Y/N.? If yes, please give details