



HF-2

Sport, Exercise & Physical Activities for over 55's.

# Health Screening Form

**Completed Form must be handed in to your Instructor at the First Session you attend.**  
*A separate Health Screening Form must be completed for each different class you attend.*

**YOU WILL BE TAKING PART AT YOUR OWN RISK IN VIEW OF GOVERNMENT ADVICE.**

Instructor:	Class:	Day & Time:
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Name:	Date of Birth:	Age:	PAAMOA classes are free if you are over 60yrs. If you are between 55yrs and 60yrs a payment of £30 per annum is required
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Address:
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Tel No(s):	Email:	Emergency Contact - Name & Tel No:
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### Medical History:

<input type="checkbox"/> Angina	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Irreguar Heart Beats	<input type="checkbox"/> Shortness of Breath
<input type="checkbox"/> Anaemia	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Memory Loss	<input type="checkbox"/> Stroke (CVA)
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Emphysema	<input type="checkbox"/> Osteoporosis	<input type="checkbox"/> Shoulder Replacement
<input type="checkbox"/> Asthma	<input type="checkbox"/> Fainting	<input type="checkbox"/> Parkinson's Disease	<input type="checkbox"/> Back Problems
<input type="checkbox"/> Cancer	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Phlebitis	<input type="checkbox"/> Hip Replacement
<input type="checkbox"/> Cardiac Problems	<input type="checkbox"/> High Cholesterol	<input type="checkbox"/> Depression/Anxiety	<input type="checkbox"/> Knee Replacement
<input type="checkbox"/> Chest pains	<input type="checkbox"/> Low Blood Sugar	<input type="checkbox"/> Pulmonary Disorder	<input type="checkbox"/> Other (Please give details below)

If you have ticked any of the above, please give a little more detail. Is your medical condition controlled?

Have your symptoms changed over the past month?

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

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

Do you take any medication for your medical condition? If so please give details:

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

### 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 our website [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.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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### *To be completed by instructor*

Instructor's Name: \_\_\_\_\_

Additional information (if any) gained from talking to member:

Does this member need to get approval from a medical practitioner before participating in your class? Yes/No  
If yes please give details: