

FOREVER ACTIVE PRE-EXERCISE HEALTH QUESTIONNAIRE



ALL Participants MUST complete a pre-exercise health questionnaire prior to taking part in any of the Forever Active sessions. I agree to provide this information on the understanding that the Instructor taking the class and Forever Active Forum Ltd will keep the information on this form strictly confidential. The Instructor will forward this information onto a medical professional if deemed appropriate and in the interest of your general well-being. Your information will be kept on the secure Forever Active database system, which is only accessed by the Forever Active Instructor leading your session and the Forever Active admin staff. Your personal details will not be shared with any other organisations.

Name of Class _____ Venue: _____ Membership No: _____

Name: _____ Date of Birth: _____

Address: _____ Postcode: _____

Landline number: _____ Mobile Number: _____

Email address: _____

Emergency contact name/number: _____

Have you been referred by a Health Professional to take part in this class/session?

(Please circle) YES or NO (how did you hear about us?) _____

GP Practice Name	
Location	

All participants are required to complete details of their medical conditions and medications on the back of this form. This health form must be reviewed by the participant and the Instructor every six months and signed and dated below. It is the participant's responsibility to inform the Instructor of any health changes as they occur rather than just at the six-monthly reviews.

Disclaimer: To be read and signed below by the participant every six months:

I hereby state that I have understood and answered honestly the questions above and wish to participate in this class/sports session. I realise that my participation in this class/sports session may involve risk of injury and I confirm that I am voluntarily engaging in an acceptable level of exercise which has been recommended to me.

Please tick as appropriate	Asian/British Asian		Black, Black British, Caribbean or African	
Mixed or multiple ethnic groups	White		Other	

I have read and understood: Participant Signature _____ Date _____

I have read the health form: Instructor Signature _____ Date _____

<u>Review dates: Every six months</u>			
I have read and understood:	Participant Signature	_____	Date _____
I have read the health form:	Instructor Signature	_____	Date _____

Medical History: *Please tick and give details if you have any of the following conditions (if necessary, please continue on a separate sheet and attach to this form)*

CONDITION	YES/NO	DETAILS	MEDICATION
High or Low Blood Pressure?			
Heart problems such as Angina, heart attack, irregular heartbeat or heart failure?			
Epilepsy / Seizures?			
Breathing problems such as Asthma or Chronic Obstructive Pulmonary Disease (COPD)?			
Hearing or eyesight problems?			
Have you fallen or felt increasingly unsteady in the last year?			
Have you suffered from fainting or dizziness in the last year?			
Type 1 or type 2 diabetes?			
Musculoskeletal condition such as arthritis, osteoporosis or Polymyalgia?			
Surgery within the last 3 years?			
A Neurological condition (Such as, a Stroke, Parkinson's Disease, Alzheimer's, Multiple Sclerosis, Dementia, Motor Neurone Disease)?			
Any type of cancer (Within the past 3 years)?			
Do you take medication for any other condition?			
If you have had Covid do you have any ongoing symptoms which affect your breathing or energy/fatigue levels?			
Other? (please specify)			

Updated February 2023

If any of your medical conditions are unstable or untreated you must seek a health check-up before participating in physical activity.

Please ask your instructor for a letter to present to your GP.