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Inspire Learning

# Health Check Questionnaire – Form 18

**Inspire Learning is keen to ensure that you are able to participate safely in your exercise class. Please answer the following questions and return this form to your tutor who will respect the confidential nature of any information provided.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Venue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| 1. Has the doctor ever said that you have a heart condition? | **Yes** | **No** |
| 1. Do you ever have chest pains? | **Yes** | **No** |
| 1. Do you have high blood pressure? | **Yes** | **No** |
| 1. Do you have high blood cholesterol? | **Yes** | **No** |
| 1. Do you have diabetes? | **Yes** | **No** |
| 1. Are you prone to headaches, fainting or dizziness? | **Yes** | **No** |
| 1. Do you have any medical condition such as epilepsy, arthritis, osteoporosis, respiratory problems? | **Yes** | **No** |
| 1. Do you have or are you getting better from any bone, joint or back problem that might be made worse by exercise? | **Yes** | **No** |
| 1. Are you pregnant or have you given birth within the last 12 weeks? | **Yes** | **No** |
| 1. Are you taking any prescribed medication or undergoing prescribed treatment or therapy? | **Yes** | **No** |
| 1. Are you taking any non-prescribed medication or undergoing non-prescribed treatment or therapy? | **Yes** | **No** |
| 1. Is there any other reason why you should take extra care when exercising? | **Yes** | **No** |

If you answered yes to any of the above questions, you should see your doctor before doing more exercise. If you are male over 40 or a female over 50 you should also see a doctor if you intend to do vigorous exercise (vigorous exercise should normally leave you out of breath within 20 minutes).

To ensure your safety your tutor may wish to ask you some further questions and/or discuss changes that could be made to the class to meet your individual needs.

I declare that to the best of my knowledge the above information is correct. I will proceed with caution during the course and will work within my own limits. I will advise the tutor immediately if there is any change in these circumstances.

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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