



Medical Questionnaire

Please note that these activities involve some physical exertion. You must not participate in this activity if any of the following apply to you, without first obtaining your doctor’s written approval which we will need to see before allowing you to take part.

- You suffer from heart disease, high or low blood pressure or any cardiovascular problem unless satisfactorily controlled by appropriate medication/treatment.
- Undiagnosed pains in your heart or chest, particularly associated with minimal effort.
- Breathing difficulties, including asthma where this is not satisfactorily controlled by medication. Epilepsy where this is not satisfactorily controlled by medication.
- Back pain or limited movement in any joint, particularly where this is made worse by exercise.
- You are recuperating from any serious illness, injury or operation.
- You are currently pregnant or have recently given birth and experienced any difficulties during pregnancy/birth.
- You are taking medication which may cause drowsiness. You have frequent episodes of feeling faint or spells of dizziness.
- You are under the influence of alcohol or drugs.
- You suffer from any other condition which increases the risk or severity of injury from impact.

Does any of the above apply to any of your party? YES / NO (delete as appropriate)

If YES, please provide details and please attach any medical consents received from your doctor:

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(Please attach any medical consents received from your doctor.)

Are you aware of any other medical history or disability that may affect your ability to undertake the activity? YES / NO (delete as appropriate)

If YES, please provide details:

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Permit or non-Permitted

Instructor Signature

Date

Whilst every effort will be made to accommodate everyone, your safety is our main concern, so please respect our staff should they refuse you, it’s because we have your best interest at heart.

Remember you can always try on another day.

Thank you