

Please fill in this form and give it to your tutor when you start the class.  
If you need help filling in the form, please ask.

## CONFIDENTIAL

This questionnaire will help you to enjoy your class safely. The tutor will treat this information in the strictest of confidence.

**Name** (please print clearly).....  
...

**Course number**  
.....

Age Group: (please tick the appropriate box)

Under 20 ☐    21-30 ☐    31-40 ☐    41-50 ☐  
51-60 ☐    61-70 ☐    71-80 ☐    80+ ☐

Have you any history of heart trouble? Yes ☐ No ☐

Have you had any serious illness or major surgery in the last six months?  
(If Yes, please discuss this with the tutor) Yes ☐ No ☐

Do you take any medication that could affect your ability to participate? Yes ☐ No ☐

Are you a newcomer to physical activity/exercise? Yes ☐ No ☐

Are you a newcomer to this type of activity? Yes ☐ No ☐

**Do you sometimes have any of the following?**

Breathing Problems      Yes ☐ No ☐      Back Pain      Yes ☐ No ☐

Bone or Joint problems      Yes ☐ No ☐      Chest Pain      Yes ☐ No ☐

Dizziness      Yes ☐ No ☐      Headaches      Yes ☐ No ☐

Palpitations      Yes ☐ No ☐      Diabetes      Yes ☐ No ☐

High or Low Blood Pressure      Yes ☐ No ☐      Epilepsy      Yes ☐ No ☐  
If yes- please circle, **High/**  
**Low/ Stable with medication**

Poor Eyesight      Yes ☐ No ☐      Deafness      Yes ☐ No ☐

Is there any other information relating to your health that we should know e.g.  
pregnancy?.....  
.....  
.....  
.....  
.....

**With regards to health matters, if you are unsure of the suitability of this  
course for you, please talk to your doctor prior to starting the course.  
Whilst on the course please tell your tutor about any changes in your health  
that may affect your participation in the sessions.**

I understand that this information is only to guide the tutor. I agree that I participate at  
my own risk.

Signature:.....

Date:.....

Signature:.....

Date:.....

Signature:..... Date:.....