

## Health Questionnaire & Declaration

Please read the questions below and answer with a yes or no.

1. Has your Doctor ever said that you have a heart condition AND that you should only do physical activity recommended by a doctor?
2. Have you ever had chest pain when you were not doing physical activity? If yes please give details
3. Have you ever lost balance because of dizziness or do you ever lose consciousness? If yes please give details
4. Do you have a bone or joint problem that could be made worse by a change in your physical activity?  
If yes please give details
5. Have you ever suffered from back pain?  
If yes please give details
6. Are you on any form of medication?  
If yes please give details
7. Has your doctor or any other person advised you against taking part in physical activity?  
If yes please give details
8. Are you pregnant? If yes how many months?
9. Do you suffer from epilepsy or any other condition not mentioned above? If yes please give details  
Please add any other health concerns overleaf

I, the undersigned, hereby declare that:

- a) I have reviewed my responses to the Health Questionnaire and confirm that they are correct, and
- b) To the best of my knowledge and belief I am not suffering from any illness, ailment, or other medical condition that could endanger my health as a result of my participation in physical activity with Sean Newton
- c) I will inform Sean Newton as soon as I become aware that any of the above responses are no longer correct.

**Name:**

**Signed**

**Address**

**Date**

**Emergency Contact:**