Health Questionnaires

This questionnaire is designed to help you to understand your physical conditions before you start physical activity regularly. You should check with your doctor if you have further enquiries on your physical conditions.

Please read the questions carefully and answer all questions to the best of your knowledge. Put a 'x' against the appropriate box.

		Yes	No
1.	Has your doctor ever said you have heart trouble?	☐	☐
2.	Do you frequently have pains in your heart and chest?	☐	☐
3.	Do you often feel faint or have spells of sever dizziness?	☐	☐
4.	Do you have high blood pressure?	☐	☐
5.	Do you have diabetes?	☐	☐
6.	Do you have respiratory problems such as asthma?	☐	☐
7.	Arte you on medication?	☐	☐
8.	Do you have any serious orthopedic problems that would prevent you from exercising? If yes, please explain.	☐	☐

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9. Do you have any reason to believe that you should not exercise? ☐ ☐
   If yes, please explain.

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I confirmed that I have read, understood and completed this questionnaire to the best of my knowledge.

Name of the Participant (in block letters) : ________________________

Signature of Participant : ________________ Date : _____________

Name of Parent/Guardian (in block letters) : ________________________

Signature of Parent/Guardian : ________________ Date : _____________