

Medical Screening Form



**TAUNTON
SCHOOL**

SPORTS CLUB

Please complete and return this form at least 7 days before starting the course.

Name.....

Address:.....

Date of Birth...../...../.....

Next of Kin.....

Contact No.....

GP Name & Address

Tel No.....

Please tick the relevant boxes below to help us ensure your health and safety whilst on the course:

Y N

- Have you ever been told that you have a heart condition?
- Do you experience chest pains?
- Are you an asthmatic?
- Do you suffer from dizziness or fainting?
- Do you have low or high blood pressure?
- Do you have diabetes or epilepsy?
- Do you have a bone or joint problem?
- Are you pregnant or have you given birth in the last 3 months?
- Have you ever been told by a medical professional that it is unsafe for you to do exercise?

I declare that all the information I have given above is correct and that I have not knowingly withheld any information that could be detrimental to myself regarding any activities I am about to embark upon in the leisure club. I agree to take onboard the health recommendations of the leisure club & to inform a member of staff should there be any changes to my health.

Signed.....Date.....