



TASK (Traditional Association of Shotokan Karate)

Flitwick Club

Student Health and fitness Questionnaire

Male / Female Age if under 16 or over 65 :

Title (Mr/Mrs/Miss etc)

First Name/s:

Surname:

Address:

.....

Post code-..... E-mail@.....

Telephone : Home : - Mobile : -

Please answer the following questions, Yes or No.

For your personal safety please answer these questions using common sense as your guide.

These questions are to enable us to identify anyone for who extra/increased physical exercise or contact may be at risk and may need to seek medical advice before joining our beginner's course or continue your training

1. Have you a heart condition. **Yes / No**
2. Do you suffer from **epilepsy** or **chronic asthma** (requiring the use of an inhaler) **Yes / No**
3. Do you suffer from a joint or bone condition that could be aggravated by physical contact **Yes / No**
4. Have you recently undergone surgery (if yes please give details overleaf) **Yes / No**
5. Do you wear contact lenses **Yes / No**
6. Do you suffer from blood pressure **Yes / No**
7. Are you pregnant **Yes / No**
8. Have you ever been advised not to participate in extra physical activity or a contact sport **Yes / No**
9. Do you know of any reason not mentioned above that may prevent you from participating in extra/increased physical exercise or a contact sport. (If yes state details overleaf) **Yes / No**
10. *Do you have any medication that needs to be with you during training ***Yes/No**

*Note:- **If "Yes" the medication must be identified** with your **Name & bagged** with a **care plan** for administration in case of emergency.

To the best of my knowledge I have answered the above answers correctly and will notify the club if at a future date any of the above answers/medical conditions change.

Signature (If aged under 16 parent or guardian)

Date:

Note :- If you answer **Yes** to any of the above questions you may be asked to seek medical advice before joining.