

**Health Questionnaire**

Name:……………………………………………………………………………………………

Address:………………………………………………………………………………………….

Tel and mobile nos……………………………………………………………………………..

Email:……………………………………………………………………………………………..

Please answer the following questions honestly.

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Have you ever rowed before, (please specify where)? |  |  |
| Have you ever fainted or become dizzy whilst exercising? |  |  |
| Have you ever had chest tightness, cough, wheezing which has made it difficult for you to perform sport? |  |  |
| Has your GP ever said that you have a heart condition? |  |  |
| Do you feel pain in your chest when you do physical activity? |  |  |
| In the past month, have you had chest pain when you were not performing physical activity? |  |  |
| Do you lose your balance because of dizziness or do you ever lose consciousness? |  |  |
| Do you have a bone or joint problem that could be made worse by a change in your physical activity? |  |  |
| Have you ever suffered from epilepsy? |  |  |
| Have you routinely taken any medication in the last 2 years? |  |  |
| Have you ever had rheumatic fever? |  |  |
| Do you know of any other reason why you should not exercise? |  |  |
| Any allergies, If “yes”, which? |  |  |
| Any other condition you believe we should be aware of (please specify)? |  |  |
| Are you required to carry medication when exercising (if so please specify)? |  |  |
| The Disability Discrimination Act 1995 defines a disabled person as anyone with ‘a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities’. Do you consider yourself to have a disability (if yes, please specify)? |  |  |

**If you answered yes to one or more of the questions above, please speak with your GP and sign the declaration below before participating in these water sports activities.**

**I confirm that I have answered YES to one or more of the above questions and have seen my GP who has affirmed that I am able to participate in such water sports activities.**

**I confirm that it is my responsibility to ensure any medication I require when exercising is easily accessible and that I have identified this to the coxswain and/or the club first aiders.**

**If anything changes, it is your responsibility to inform the club of this.**

**Date…………………………………. Signature……………………………………………**

**I certify that I am able to swim in the sea in excess of 50 metres Yes/No**