



Health and Fitness Questionnaire 2010

Members Name

By answering the following questions you will help club members to give assistance if required.

YES answers will not place a restriction on your activities with the club.

1 Do you suffer from any health problems that are aggravated by exercise or exposure to the cold? YES NO

If YES please give details.....
.....

2 Do you suffer form diabetes? YES NO

If YES is it controlled by medication? YES NO

3 Do you suffer from any of the following?

Asthma YES NO

Any heart condition YES NO

If YES please give details.....
.....

4 Do you suffer from any persistent injury including problems with your joints or back? YES NO

If YES please give details.....
.....

5 Do you suffer from hearing or sight impairment? (excluding normal use of spectacles) YES NO

If YES please give details.....
.....

6 Do you consider yourself to have a disability? YES NO

If YES please give details.....
.....

Please inform the coach or lead paddler of your group if you are carrying medication ie. Inhalers, insulin etc. so that they will be able to help you locate/administer your medication should you require it in an emergency.