

Please note a Health & Fitness Questionnaire must be completed for **EACH** person listed on the membership form (including all family members), extra forms are available if needed.

Name _____

Please answer the questions below to help us make safe paddling for all and be better prepared to give assistance if needed. A '**YES**' answer won't necessarily place a restriction on your activities within the club.

I can swim 25m

yes ☐

no ☐

	YES	NO	If you have answered ' YES ' please give details
Do you suffer from any health problems that are aggravated by exercise or exposure to the cold?			
Do you suffer from any of the following:			
Asthma			
Diabetes			If YES is it controlled by medication?
Epilepsy			If YES is it controlled by medication?
Any heart condition			
Do you suffer from any persistent injury including problems with your joints or back?			
Do you suffer from hearing or sight impairment? (excluding normal use of spectacles)			
Do you suffer from any allergies which would invoke an acute reaction			
Any other health or other issues that coaches should be aware of for safety reasons			

IMPORTANT

Please inform the coach or lead paddler of your group if you have any medical condition or are carrying medication i.e. inhalers, insulin etc. that could affect your safety or that of the group. This is so that coaches are aware of potential problems and can provide suitable assistance if required.

All health information is confidential and will only be used, as appropriate, by coaches during club activities.

Official use only - HCC no/s.