



HEALTH QUESTIONNAIRE

Name:
Surname:
Address:
.....
Telephone:
Email:
Date of Birth:

Do you have asthma?	
Do you suffer with backache?	
Do you get dizzy spells?	
Do you have high blood pressure?	
Do you have high cholesterol?	
Are you diabetic?	

Have you ever had an accident/injury/operation or medical treatment? (Please give details)
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Please provide details of any medication that you are currently taking
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Please list any supplements that you take (vitamins, minerals etc)
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What is your priority goal by joining a running club?
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Clients are advised to consult their doctor before commencing any exercise programme. Please read and sign the following statement.

I confirm that I have/have not sought advice from my Doctor before undertaking the exercise programme and that I have related to the best of my knowledge in writing, anything which may affect me during, or as a result of exercise. If I choose not to consult my Doctor, I do so at my own risk.

Signature..... Date.....