UXBRIDGE POLE WALKING CLUB

PRE-PARTICIPATION HEALTH QUESTIONNAIRE

***Please answer all questions below, before signing and dating at the bottom of the form. This is for the health and safety of all our participants. Thank you!**

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? YES NO

2. Do you feel pain in your chest when you do physical activity? YES NO

3. In the past month, have you had chest pain when you were not doing physical activity?

YES NO

4. Do you lose your balance because of dizziness or do you ever lose consciousness?

YES NO

5. Do you have a bone or joint problem that is made worse by physical activity?

YES NO

If so, where do you get pain?

_____

6. Are you currently receiving Physiotherapy, Chiropractic, Massage Therapy or any other rehabilitation for an injury? YES NO

If so, what area(s) of your body are injured?

_____

7. Do you take prescription medications?

YES NO

If so, which ones?

_____

8. Do you know of any other reason why you should not participate in physical activity?

YES NO

Please add any additional information that we should know about your health:

I have read, understand and completed this questionnaire to the best of my knowledge.

Signature: _____

Date: _____