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| The information contained in this form is for the use of the tutor/s but **may be shared with appropriate personnel on a need-to-know basis with the permission of the learner.** |

The following questions are to ensure you are ready to participate in a class that involves physical activity**. If you are between the ages of 19 and 69**, this questionnaire will tell you whether you should check with a doctor. **If you are over 69** and not used to exercise, you should check with your doctor first. **All information will be treated in confidence.**

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| Please 🗹 appropriate box | Yes | No |
| Are you a complete beginner to exercise? |  |  |
| Do you have a heart condition? |  |  |
| Do you ever feel pain in your chest? |  |  |
| Do you ever feel faint or have spells of dizziness/have you ever lost consciousness? |  |  |
| Do you have a joint problem that could be made worse by movement? |  |  |
| Are you currently taking medication which the tutor needs to be aware of? |  |  |
| Do you have high blood pressure? |  |  |
| Is there any other reason why you should not take part in a fitness class? |  |  |
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| **If you have answered Yes to one or more questions, talk to your doctor before you begin a fitness class. You must tell the tutor/s about aspects of the class that will need to be adapted for you. Your doctor may suggest that you are not ready to undertake a fitness class.** |
| If you have answered **NO to all questions, you can begin participating in a fitness class** |
| If you would like to discuss any of the above, or any disability/difficulty or support needs you may have, please let your tutor/s know. |
| If you would like to arrange a confidential interview to discuss your support needs, please indicate this, by ticking the box. 🞏 |
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| It is important to remember that all exercise should be gentle and progressive and you should be guided by your tutor. It is also important that you don’t become dehydrated, so do make sure that you drink adequately before, during and after exercising. |
| I declare that to the best of my knowledge, the above information is correct and that I have discussed any concerns with my doctor who is satisfied that this form of exercise is suitable for me. I will proceed with caution during the course and will **work within my own limits.****I will advise the tutor immediately if there is any change in these circumstances.** |
| Name: |
| Signed: | Date |
| Checked and amended:(if required)  | Signed:Print name below: | Signed:Print name below: |
| Date: | Date: |