



Rower's Questionnaire

This questionnaire must be completed by everyone who is rowing with Ilfracombe Pilot Gig Club **before** you get into a boat.

First name: Surname:

Address:

Email: Mobile phone no.

YES NO

- Have you ever fainted or become dizzy whilst exercising?
- Have you ever had chest tightness, cough, wheezing which has made it difficult for you to do sport?
- Has your GP ever said that you have a heart condition?
- Do you feel pain in your chest when you do physical activity?
- In the past month, have you had chest pain when you were not performing physical activity?
- Do you lose balance because of dizziness or do you ever lose consciousness?
- Do you have a bone or joint problem that could be worsened by a change in your physical activity?
- Have you ever suffered from epilepsy?
- Have you routinely taken any medication in the last two years?
- Have you ever had rheumatic fever?
- Do you know of any other reason why you shouldn't exercise?

If you answered **YES** to one or more of the questions above, please visit or speak with your GP and sign the declaration below before participating in these water sport activities.

- I confirm that I have answered **YES** to one or more of the above questions and have seen my GP who has affirmed that I am able to participate in such water sports.
- I certify that I am able to swim in the sea 50 metres or more.
- I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction by a senior club member.

Signature: Date:

PARENT/GUARDIAN MUST SIGN FOR INDIVIDUAL AGED UNDER 16