



Ilfracombe Pilot Gig Club

Rowers' 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:

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 perform 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 made worse 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 in excess of 50 metres.
- 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