

Annex B - HEALTH QUESTIONNAIRE

CORNISH PILOT GIG ASSOCIATION

HEALTH QUESTIONNAIRE

Name/s

Surname

Club Name

Address

Phone No

Email

	YES	NO
1. Have you ever fainted or become dizzy whilst exercising?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever had chest tightness, cough, wheezing which has made it difficult for you to perform sport?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has your GP ever said that you have a heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you feel pain in your chest when you do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
5. In the past month, have you had chest pain when you were not performing physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you lose your balance because of dizziness or do you ever lose consciousness?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have a bone or joint problem that could be made worse by a change in your physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever suffered from Epilepsy?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you routinely taken any medication in the last two years?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever had Rheumatic Fever?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you know of any other reason why you shouldn't exercise?	<input type="checkbox"/>	<input type="checkbox"/>

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If you answered YES to one or more to the questions above please visit or speak with your GP and sign the declaration below before participating in these water sports 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 Meters

YES

NO

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction by a Senior Club Member.

Name:.....

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

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