

## 1. Smoking

Do you smoke?

- ☐ Yes  
☐ No

## 2. Respiratory Disorders

Do you have or have you had any of the following respiratory disorders?

(This includes shortness of breath, asthma, tuberculosis, pneumonia, bronchitis, allergies)

☐ Yes if yes please explain

.....

☐ No

## 3. Heart Conditions

Are you currently taking any medication for any heart condition?

(This includes angina, murmur, high blood pressure, high cholesterol, stroke, uneven heartbeats)

☐ Yes if yes please explain

.....

☐ No

## 4. Other Medical Conditions

Do you have or have you had any of the following?

(Please check all that apply)

- ☐ Dizziness  
☐ Fainting  
☐ Diabetes  
☐ Convulsions  
☐ Epilepsy  
☐ Kidney Disease  
☐ Back or Neck Injury  
☐ None of the above

## 5. Surgeries

Have you had any surgeries in the last 12 months?

- ☐ Yes  
☐ No

If yes, please explain:.....

## 6. Conditions Affecting Physical Activity

Do you have any condition that could put you at risk during physical activity?

- ☐ Yes  
☐ No

If yes, please explain: .....

## 7. Current Medications

Are you currently taking any medication?

- ☐ Yes  
☐ No

If yes, please list them:

Will staff be required to administer this medication in an emergency?

- ☐ Yes  
☐ No

If yes, please provide full medical instructions:

## 8. Medical Observation or Treatment

Are you under any type of medical observation or receiving treatment?

- ☐ Yes  
☐ No

If yes, please explain:

## 9. Additional Information

Is there any other relevant information regarding your condition and ability to participate?

- ☐ Yes  
☐ No

If yes, please detail:

## Important Notice

If you answered YES to one or more questions:

It is recommended that you consult with your doctor to ensure it is safe for you to engage in physical activities at this time and in your current state of health.

## Declaration

I confirm that I am in good physical health based on my medical information and can participate in the activities at no increased risk.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_