foxstudiocycling
getting you riding

HEALTH FORM

NAME:	ADDRESS
HOME TEL:	
MOBILE TEL:	
DATE OF BIRTH:	POST CODE:

PLEASE CIRCLE 'YES' OR 'NO':	
1. Have you taken part in any physical activity within the last 12 months? Please give details below:	YES / NO
2. Please state how many months it has been since you last undertook physical activity/exercise:-	
3. Has your doctor ever said that you have a heart condition?	YES / NO
4. Do you feel pain in your chest when you do physical activity?	YES / NO
5. In the past month have you had a pain in your chest when you were not doing physical activity?	YES / NO
6. Do you suffer from high or low blood pressure?	YES / NO
7. Do you lose your balance because of dizziness or do you ever lose consciousness?	YES / NO
8. Do you have a bone or joint problem that could be made worse by a change in your physical activity?	YES / NO
9. Do you have diabetes?	YES / NO
10. Do you have epilepsy or any other condition which may be exacerbated by coloured/flashing lighting?	YES / NO
11. Do you have asthma or any other respiratory condition? If yes, please add details below:	YES / NO

12. Are you taking any medication? If yes please provide full details below: (use a separate sheet if necessary)	YES / NO
13. Are you pregnant or recently had a baby within the last 3 months?	YES / NO
14. Please use this section to advise us of any other mental or physical conditions which you feel we may need to know about: (use a separate sheet if necessary)	

If you have answered 'YES' to one or more questions from 2-13 you may be required to undergo a review with the nurse prior to commencing use of the gym. You may be required to consult with your doctor for confirmation regarding your suitability for this type of activity. You will be notified if this is the case.

- I confirm that the information I have provided above is correct to the best of my knowledge.
- I consent to Fox Cycling Ltd staff reviewing my health questionnaire.
- I agree to refer to my doctor if it is found that this is necessary prior to use of the gym.
- I agree to notify the Fox Cycling team of any changes to my health in the future and complete a new form should this be required.

Signed……

Print name: ……Date: ……/……/……

OFFICE USE ONLY

Received By:	Date:
Review required: YES / NO	Doctor's confirmation required: YES / NO
Date of review:	Date confirmation received:
Checked by:	Date: