

Health Screening Form

Athenry Athletic Club –Senior Section



Fit 4 life

Name _____ Date _____

Sex _____ Age _____

What is the present state of your general health? _____

Doctor's Name _____ Phone _____

Emergency Contact _____ Phone _____

Health screening questions:

	Yes	No
1. Has your doctor ever advised you against exercise?	_____	_____
2. Do you suffer from pains in your chest, at rest or during exercise?	_____	_____
3. Do you have any bone or joint problems that may be aggravated by exercise?	_____	_____
4. Are you pregnant or have recently had a baby?	_____	_____
5. Do you have any allergies?	_____	_____
6. Do you have asthma?	_____	_____
7. Do you suffer from high blood pressure?	_____	_____
8. Are you on any medication?	_____	_____
9. Have you had an operation recently?	_____	_____

To the best of my knowledge, the above information is accurate and complete

Signature _____ Date _____

If you answered Yes to any of the above questions please consult with your doctor before embarking on this exercise Programme