

Changing Lives Health Questionnaire



ALL participants MUST complete a pre-exercise medical health questionnaire prior to taking part in any of the Changing Lives sessions.

The Instructor taking the class and Changing Lives will keep the information on this form strictly confidential.

Which class do you attend? _____ Venue: _____

All sessions cost £3

Personal Details

Name: _____ Date of Birth: _____

Address: _____ Postcode: _____

Landline Number: _____ Mobile Number: _____

Email address: _____

Emergency contact name/number: _____

Doctors Name/Telephone: _____

Do you require subsidised transport?

Are you happy for us to call you prior to the session?

Are you happy for your image to be used in future publicity for Changing Lives Project?

All participants are required to complete details of their medical conditions and medications on the back of this form. This health form must be reviewed by the participant and the Instructor every 12-week block and signed and dated below. It is the participants responsibility to inform the instructor of any health changes as they occur rather than just at the 12-week block reviews.

Disclaimer

To be read and signed below by the Participant at the start of every 12-week block.

I declare that I have provided accurate information on the reverse of this form regarding my current health status, medical conditions and medication. I agree to inform the instructor of any changes to my health and understand that I am taking part in the Changing Lives activities at my own risk.

I have read and understood: Participants Signature: _____ Date: _____

I have read the health form: Instructor Signature: _____ Date: _____

Review dates: Every 12-week block

I have read and understood: Participants Signature: _____ Date: _____

I have read the health form: Instructor Signature: _____ Date: _____

I have read and understood: Participants Signature: _____ Date: _____

I have read the health form: Instructor Signature: _____ Date: _____

PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM

Medical History: Please tick and give details if you have any of the following conditions. If necessary, please continue on a separate sheet and attach to form.

Condition	Yes or No	Details	Medication
High or Low Blood Pressure?			
Heart problems e.g Angina, heart attack, Irregular heartbeat or heart failure?			
Epilepsy/Seizures?			
Breathing problems such as Asthma or COPD?			
Hearing or eyesight problems?			
Fainting, dizziness or have you fallen in the last year?			
Type 1 or Type 2 diabetes?			
Musculoskeletal condition such as arthritis or osteoporosis?			
Surgery in the last 3 years?			
A neurological condition?			
Any type of cancer?			
Do you use any mobility aids? E.g wheelchair, walking stick or mobility scooter			

If any of your medical conditions are unstable or untreated you must seek a health check up before participating in physical activity. Information given on this form will be kept strictly confidential by the instructor delivering the class on behalf of the Changing Lives project.

PRIVACY NOTICE - How information about you will be used

- Personal information which you supply to us may be used in a number of ways:
 - Contacting a medical professional/paramedic in the event of an emergency
 - Your contact details including email and telephone numbers will help us to contact you quickly.
- We will not disclose any information to any company outside the Changing Lives Project and Somersham Parish Council.
- Your information will be kept on the secure Changing Lives database system, which is only accessed by the Changing Lives instructor leading your session and the Changing Lives admin staff.
- For further information on how your information is used, how we maintain the security of your information, and your rights to access information we hold on you, please contact Parish Clerk – clerk@somersham-pc.gov.uk or Somersham Parish Council, The Norwood Building, Parkhall road, Somersham PE28 3HE

I give my permission for my information to be used as described above.

I declare that the information I have given on this form is correct and complete.

If I give information that is incorrect or incomplete I understand you may take action against me, including court action.