

Health Screening Form

Galway City Harriers Fit4Life Programme

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