

Outdoor Adventure Activity Health Questionnaire

- The questionnaire is designed to help you, answer the question below.

Do you have an appropriate level of fitness for Outdoor Adventure Activities?

- For most people, physical activity should not pose any problem or hazard. The purpose of this questionnaire is to identify the small number of adults for whom physical activity might be inappropriate, or those who should have medical advice concerning the type of activity most suited to them.
- It is important for our coaches to be aware of any conditions that may affect you.
- Common sense is your best guide in answering these questions. Please read them carefully and tick the answer 'YES' or 'NO' opposite the question as it applies to you.
- If you answer yes to any question, please check with your doctor to see if the activity is suitable for your condition.

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Have you ever suffered from any heart trouble? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you frequently have any pains in the heart or chest? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you often feel faint or have spells of severe dizziness? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has your doctor told you that your blood pressure was too high or low? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has your doctor ever told you that a bone or joint problem such as arthritis may be aggravated by exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have a back injury / problem which could be aggravated by exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is there any other reason not mentioned here which would affect your ability to exercise? i.e. Diabetes, epilepsy, asthma, etc. If so please state below: | | |

8. To the best of my knowledge, I do not suffer from any of the aforementioned conditions.

Name: _____

Tel No: _____

Signature _____

Office Use:

Instructors Signature: _____

Date: _____