

YEAR: _____



United Shotokan Karate Federation of Ireland

MEDICAL SCREENING FORM

- Please answer all questions
- All information will be treated in the strictest of confidence

NAME: _____

ADDRESS: _____

D.O.B: ____ / ____ / ____ TEL: _____

MOBILE: _____ EMAIL: _____

DO YOU HAVE OR HAVE YOU HAD IN THE PAST 12 MONTHS YES NO

- | | | |
|--|--------------------------|--------------------------|
| • History of heart problems personally or in immediate family | <input type="checkbox"/> | <input type="checkbox"/> |
| • High blood pressure | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you suffer from asthma or other respiratory or lung problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you suffer from pain or limited movements in any joints? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you suffer from back problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you suffer from epilepsy? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you suffer with diabetes? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you had a recent operation/injury/chronic illness? | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, please give full details _____

- | | | |
|--|--------------------------|--------------------------|
| • Is there any reason why you should not participate in exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you smoke? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are you taking any drugs or medication? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are you pregnant or post natal? (Do you have a baby under 6months old) | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have a communicable disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are you a newcomer to exercise? | <input type="checkbox"/> | <input type="checkbox"/> |

I declare to the best of my knowledge that the information I have given is correct and I know of no reason why I should not participate in an exercise programme. I am aware and understand that there are associated risks with any type of exercise programme that may lead to injury or even death.

Signed: _____ (parent/guardian if under 16) Date: _____