SW Sports Performance

Medical History Questionnaire

HEB COACHING

(Please explain further if you answer YES to any of the following questions)

Full Name: **Email:** **DOB:**

Phone: **Age:** **Occupation:**

Do suffer from any of the following conditions:

Condition	Yes/No
Lung disease	
Fainting or Dizziness	
Shortness of breath	
Heart Murmur	
Recent Operation	
H/L Blood Pressure	
High Cholesterol	
Diabetes	
Chest Pains	
Irregular Heart Beat	
Arthritis (please state where and what type)	

- Is your doctor prescribing you any medication?
- Do you currently smoke?
- Do you currently drink more then the average amount of alcohol per week (21units for men and 14 units for women)?
- Has your doctor every said that you have a heart condition and that you should only do physical activity recommended by a doctor?
- Have you ever felt dizzy or experienced fainting during exercise?
- Have you had any major surgeries?
- Are you currently suffering from any injuries?
- Do you have bone or joint problem (i.e. back, knee, hip that could be made worse by physical activity?
- Are you or is there any possibility you might be pregnant?
- Do you know of any other reason why you should not participate in a program of physical exercise?

I hereby state that I have read, understood and answered honestly the questions above. I also state that I wish to participate in activities, which may include aerobic exercise, resistance training and stretching. I realise that my participation in these activities involves the risk of injury and even the possibility of death. Furthermore, I hereby confirm that I am voluntarily engaging in an acceptable level of exercises which has been recommended to me.

Athlete Name: **Athlete Signature:** **Date:**

Coaches Name: **Coaches Signature:** **Date:**