

## Health Questionnaire for Course Members

This short questionnaire is entirely informal and confidential. It's purpose is to indicate the main areas of health which you – or if you are in any doubt, your general practitioner/occupational health unit – need to be content with before undertaking a course which may, involve quite vigorous physical activity.

Have you a history of or do you have a heart condition?	Yes	No	
Have you a history of or do you have high blood pressure?	Yes	No	
Have you a history of or do you have a chest complaint?	Yes	No	
Have you a history of or do you have any back trouble?	Yes	No	If so, which area cervical thoracic lumbar sacral If so, is this currently causing you discomfort? Yes No
Do you have arthritis or joint pain of any kind?	Yes	No	Please note area of concern: If so, is this currently causing you discomfort? Yes No
Have you suffered a fracture in the past year?	Yes	No	Please note area of concern:
Do you have diabetes?	Yes	No	If so, is it well controlled: Yes No
Do you suffer from asthma?	Yes	No	If so, is it well controlled: Yes No
Do you have epilepsy?	Yes	No	If so, was your last fit in the last 3 months: Yes No
Do you have anaemia?	Yes	No	
Are you presently on any form of medication?	Yes	No	If so, please specify:
Do you wear contact lenses?	Yes	No	
Have you had any surgical operations within the last 3 months, which may affect your participation in the course?	Yes	No	If so, please note:
Do you wear prosthesis or do you have implants?	Yes	No	If so, please note:
Have you seen a doctor or other health care professionals in the last 2 months for any reason, which you feel might affect your participation in the course?	Yes	No	If so, please note:
Are you or do you think you may be pregnant? <b>If you think you may be pregnant you should not participate in this course-please consult Occupational Health</b>	Yes	No	N/A

Although it is valuable to be fully aware of general health standards, it is equally important to remember that EMA always include people of various ages, weight, co-ordination ability, physical fitness and aptitude to learn. If this were not the case, EMA would be seriously failing in its task in enabling people to carry out their day-to-day work more safely.

If you have concerns about **any** aspect of health which may affect your participation in the course please speak to the course tutor before taking part in training..

I have read and understood the above information and have raised any concerns with the course tutors. I am aware that this course may have a physical element and agree that I am able to participate in the course provided.

Name (in capitals): \_\_\_\_\_  
Signed: \_\_\_\_\_  
Date: \_\_\_\_\_