SAFE TO EXERCISE FORM

Tick the class you are attending

X Monday	X Tuesday	medau movement for life

Please answer the following questions in order that you exercise safely. All information will be treated confidentially

1 Personal details:

Your Name ..... Date of birth.....

Address.....

.....

Post code..... Tel No.....

Email: .....

2. Medical history:

Do you suffer from any of the following conditions?

- ☐ Arthritis
- ☐ Asthma or breathing problems
- ☐ Back problems
- ☐ Balance difficulties
- ☐ Diabetes
- ☐ Dizziness/fainting
- ☐ Epilepsy
- ☐ Hip replacement
- ☐ Heart problems/angina
- ☐ High/low blood pressure
- ☐ Impaired hearing
- ☐ Impaired vision
- ☐ Knee replacement
- ☐ MS
- ☐ Osteoporosis
- ☐ Parkinson's
- ☐ Peripheral neuropathy
- ☐ Shoulder problems
- ☐ Stroke

Is there any other medical condition or anything else that might affect how you exercise?

…….

Is your doctor prescribing drugs for any of your health related problems?

…….

What other regular exercise do you take?.....

3. Emergency contacts:

Person to contact in the event of an emergency:…….....

Relationship to you: ……Tel No.....

Name, address & telephone number of your doctor.....

.....Tel No.....

- ☐ I have read, understood and completed the questionnaire and any questions I had were answered to my full satisfaction. The information supplied above is the true to the best of my knowledge.
- ☐ I agree to tell my teacher of any changes in my condition or medication.
- ☐ I accept that I am entirely responsible for monitoring my own exercise and condition.

If you are in any doubt about increasing your physical activity please consult your doctor or health professional.

Under GDPR you are required to give permission for me to hold onto your personal data.

- ☐ I have read and agree to my information being held according to the Privacy Policy.
- ☐ I understand that this information will be kept for 5 years after I cease attending class.
- ☐ I give my permission for Tracy Levy to contact me for 5 years after I stop attending class with any news or events that I might be interested in such as special celebrations, parties, reunions etc.

You can ask to see the data I hold about you, ask me to delete your data or withdraw your consent at any time.
You can contact me on 07949 055958 or exercisewithtracy@gmail.com.

Signature..... Date.....

Date of review: Date of deletion: