

Health Questionnaire

How did you hear about The Running Evolution? _____

What specific features of The Running Evolution interested you initially?

Are you aware that there are different elements that The Running Evolution cover, aside from Technique Training?

Walking Phases Y/N

Rehabilitation Phases Y/N

Outdoor Workshops Y/N

Speed Sessions Y/N

Dynamic Movement Skills Y/N

Multi-Directional Speed Y/N

Has your doctor ever said that you have a heart problem? Y/N

In the past month have you had any chest pain when.....

Undertaking activity Y/N

Resting Y/N

Are you currently taking medication for...

Heart Condition Y/N

Other Problems Y/N

Do you suffer from any joint or bone problems? Y/N

Expand: _____

In the past year have you had any major illness or surgery? Y/N

Expand: _____

Have you ever been diagnosed with...

Diabetes Y/N

Asthma Y/N

Epilepsy Y/N

Other Problems Y/N

Are you pregnant? Y/N

Have you recently had a baby? Y/N

Do you ever lose your balance because of dizziness or lose consciousness? Y/N

Are you feeling unwell at present due to a cold, etc? Y/N

If you have answered YES to one or more questions we may need you to contact your doctor before starting exercise. If your health changes so that you may then answer YES to any of these questions, tell a member of staff as soon as possible.

I have read, understood and completed this questionnaire to my full satisfaction.

Parent/guardian signature (if under 16): _____

Signature: _____

Date: _____