HYDROROBICS MEDICAL QUESTIONNAIRE

☐ Is there a history of heart problems or conditions in the family?

☐ Have you ever had a medical check up?

☐ Have you ever had any major surgery at all?

☐ Have you got a disibility?

☐ Are you on any prescribed medicine?

Details...

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Have you ever or currently suffer from:

	Ever☑	Currently☑
Difficulty breathing or asthma	☐	☐
Pain or tightness in the chest	☐	☐
High Blood Pressure	☐	☐
High Cholesterol	☐	☐
Any heart or stroke condition	☐	☐
Dizziness or Fainting	☐	☐
Stomach Ulcers	☐	☐
Liver/Kidney Conditions	☐	☐
Lower Back pain	☐	☐
Hernia	☐	☐
Circulation Problems	☐	☐
Gout	☐	☐
Diabetes	☐	☐
Epilepsy	☐	☐
Glandular Fever	☐	☐
Rheumatic Fever	☐	☐
Arthritis	☐	☐
Cramps	☐	☐
Muscular Pain	☐	☐

Do you have or have had any pain or major injuries in your:

	Ever☑	Currently☑
Neck	☐	☐
Knees	☐	☐
Back	☐	☐
Ankles	☐	☐

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☐ Do you smoke?

☐ Are you dieting or fasting?

☐ Are you pregnant?

Do you have any other medical conditions or injuries that we should know about?

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All information is strictly confidential

Participant's full Name..
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D.O.B.. Male/Female

Postal address ....

(include suburb & postcode)...

Home phone number .... work ....
....

Cell phone .... Email ....
....

Class/es you attend...

Instructor/s ....

Please see your instructor if you have ticked yes to any medical issues.
I recognise that the instructor is not able to provide me with medical advice with regard to my medical fitness and that this information is used as a guideline to the limitations of my ability to exercise. I have answered the questions to the best of my ability and understand the advice given.