



**ROMAN FITNESS BATH**

**Health Questionnaire**

Please complete all section in BLOCK CAPITALS and CIRCLE where appropriate

MR  MRS  MISS  MS  OTHER  (Please state)

First name ..... Last name .....

Address .....

..... Post Code.....

Mobile ..... Telephone.....

Email.....

Date of Birth..... Age.....

Next of kin

First name..... Last name.....

Relationship..... Telephone.....

**PLEASE CIRCLE YES OR NO:**

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? **YES/NO**
2. Do you feel pain in your chest when you do physical activity? **YES/NO**
3. In the past month have you had chest pain whilst not doing physical activity? **YES/NO**
4. Do you lose your balance because of dizziness or do you ever lose consciousness? **YES/NO**
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? **YES/NO**
6. Have you ever been told by your doctor that you have high blood pressure? **YES/NO**

7. Is your doctor currently prescribing drugs for your blood pressure or heart condition? **YES/NO/NA**
8. Do you suffer from Diabetes or Epilepsy? **YES/NO** If yes please say which?.....
9. Do you suffer from Asthma or do you ever feel short of breath when resting or during mild activity? **YES/NO**
10. Is there anything else not listed here that we need to know about which may mean you shouldn't do physical activity? **YES/NO** If yes please detail .....
11. Are you, or is there any possibility that you are pregnant? **YES/NO**

**If you have answered YES to ANY of the questions above, please speak to your GP before participating in a Roman Fitness Bath class. If in any doubt, please seek your doctor's advice about your suitability to participate in progressive and unrestricted physical activity**



**DECLARATION**

**In consideration of being allowed to participate in Roman Fitness Bath I acknowledge that:**

1. I am aware and understand the potential risks and dangers associated with physical activity and any equipment that may be used in a Roman Fitness Bath class and I am voluntarily participating in these activities with knowledge of the risks and dangers involved. I hereby agree and accept full responsibility for any injuries or death that may occur during a class.
2. I know of no reason why I should not participate in any of the activities at Roman Fitness Bath. I hereby declare myself free of any condition, illness or injury that may affect my participation. I agree to inform a member of staff if this changes at any point or if anything declared within the Health Questionnaire changes which may affect my ability to participate in Roman Fitness Bath sessions.
3. I agree to abide by any safety notices given to me during classes and am aware that I have the opportunity to ask questions about any of the activities, use of equipment or other session related issues. If I choose to listen to advice or notices given to me or if I choose to ignore them, I do so voluntarily and accept liability for any resulting injuries or damage.
4. I do hereby accept all responsibility or liability for any injuries or damages resulting from my participation in any activities that I take part in at Roman Fitness Bath.
5. I give Roman Fitness Bath permission to take photographs of myself, and to publish those photographs for any lawful purpose, including but not limited to, their website, social media accounts and promotional materials, either digital or in print, in perpetuity.
6. This questionnaire has been completed accurately to the best of my knowledge and belief.

**I have read, understood and completed this questionnaire and agree to be bound by its conditions.**

**SIGNED:**.....

**DATED:**.....

**PRINT NAME:**.....