

Active Health Application Form



Before you attend your first class, you will need to register with us by completing and returning the application below.

A member of the Active Health Team will then contact you.

Name: DoB:

Address:

Postcode:

Email: Phone:

Please answer the following questions:	YES	NO
Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor?		
Do you feel pain in your chest when you do physical activity?		
In the past month, have you had a chest pain when you were not doing physical activity?		
Do you lose balance because of dizziness or do you ever lose consciousness?		
Do you have a bone or joint problem (for example back, knee or hip) that could be made worse by a change in your physical activity?		
Is your doctor currently prescribing medication for your blood pressure or heart condition?		
Do you know of any other reason why you should not take part in physical activity?		
<p>Please note, you must be 12 weeks + post surgery before starting our Active Health Programme. If you've answered YES to any question, please specify:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>		

Please turn over to complete this form...



Active Health Application Form (continued)

If you answered YES to one or more questions:

You should consult with your doctor to clarify that it is safe for you to become physically active at this current time and in your current state of health.

If you answered NO to ALL of the questions:

It is reasonably safe for you to participate in physical activity, gradually building up from your current ability level. A fitness appraisal can help determine your ability levels.

I have read, understood and accurately completed this questionnaire. By signing I consent to the Active Health Terms and Conditions (available on our website or in the Centre). I also confirm that I am voluntarily engaging in an acceptable level of exercise, and my participation involves a risk of injury.

Signature:

Print Name:

Date:

Having answered YES to one of the questions above, I have sought medical advice and my G.P. has agreed that I may exercise.

G.P. Signature:

Print Name:

Date:

What happens now?

A member of the Active Health team will contact you once they have received your application form.

Please return the application form to us at:

Active Health, Beau Sejour Leisure Centre, Amherst, GY1 2DL
or email us ActiveHealth@gov.gg

For more information please contact the Active Health team:

Telephone: **220508**

Email: ActiveHealth@gov.gg

Website: www.beausejour.gg