

Participant Screening Form

Name

Address

Telephone number

Contact in case of and emergency

GP contact details

Before you begin your activity programme, the instructor needs to know some information about you. This information helps the instructor give you correct advice and support to ensure the activity programme is safe and effective for you.

Please answer the questions below. If you have difficulty completing this form, please call **0141 232 1860** for guidance.

Section 1

Please tick YES or NO

	YES	NO
Do you lose your balance because of dizziness or do you frequently lose consciousness (black out)?		
Do you feel pain in your chest at rest or when you do physical activity?		
Do you get short of breath at rest or doing light activity?		
Has your doctor ever said that you have a heart condition? (e.g. heart attack, angina, heart palpitations, valve replacement, by-pass, other)		
Has your doctor ever said that you have had a stroke?		
Has your doctor ever advised you not to participate in exercise?		

If you have answered **YES** to any of the questions above, please discuss this with your health care professional as this activity programme may not be suitable for you.

If you have answered **NO**, please continue onto **Section 2**.

Section 2

If you have answered **NO** to all of the questions above, please answer all the questions in **Section 2**, providing any additional information where you can in the space provided.

Please note: the instructor may advise you to discuss participating in exercise with your health care professional before you begin your activity programme.

	YES	NO	
Do you have a respiratory (lung) condition e.g. COPD, emphysema, chronic bronchitis, severe asthma or any other?			
Do you have diabetes, high blood pressure or epilepsy?			
Do you have any bone, joint, muscular or neurological condition which affects your ability to do physical activity? e.g. Osteoporosis, Severe Back Pain, Multiple Sclerosis, Arthritis, Parkinson's Disease others			
Have you had any surgery / operation in the last 3 months?			
Do you suffer frequent falls?			
Are you currently on medication for a medical/health condition?			
Please provide details of any other needs you may have that the instructor should be aware of e.g. use a walking aid, physical disability, hearing or sight difficulties or other.			

Declaration

- To the best of my knowledge I have given full and correct information in Sections 1 and 2 above.
- I will inform the instructor as soon as possible if any of the answers or other information I have provided in Sections 1 and 2 changes, and will not take part in any further activity sessions until I have done so.
- My participation in the activity sessions is voluntary and undertaken entirely at my own risk.
- I give permission for _____ (Local Authority or Trust Name) to use the information on this form for any purpose relating to the activity sessions, including where appropriate providing this information to third parties.

Print Name

Signature

Date
