**WESTCOAST MASTERS SWIMMING CLUB Name: (type in own name)**

**MEDICAL/HEALTH QUESTIONNAIRE Date: (type in date)**

All information provided here will be kept private and confidential. All information to be held by the Club Coach Coordinator / Club Safety Officer. No other persons will be given access without your permission, except in an emergency. If you have any concerns about disclosing medical details, please see the above Club officers.

Whilst exercise is regarded as important to our health, there are also risks associated with training and performance, particularly if the training is vigorous. If you have answered “yes” or “don’t know” to any of the below questions (apart from Q1), you will need to see the Coach Coordinator/Safety Officer and get a medical check-up, including advice on training safely, from your medical practitioner. In some cases e.g. following surgery, a copy of your rehabilitation guidelines may be required before you return to the water.

It is crucial that you train at the level that is safe for you!

**Delete inappropriate responses**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Medical Conditions/information** | **Yes** | **Don’t know** | **No** | **Leave blank for club use.** |
| 1. Age over 30 male / 40 female? | y | N/a | n |  |
| 2. Family history of heart disease? | y | N/a | n |  |
| 3. Smoker? Number per day\_ \_? | y | N/a | n |  |
| 4. Raised blood pressure 140/90 or higher? | y | N/a | n |  |
| 5. Raised cholesterol levels > 4.5? | y | N/a | n |  |
| 6. Diabetes Type I (insulin dependent)? | y | N/a | n |  |
| 7. Diabetes Type II (non-insulin dependent)? | y | N/a | n |  |
| 8. Overweight? | y | N/a | n |  |
| 9. Irregular exerciser? | y | N/a | n |  |
| 10. Raised stress levels? | y | N/a | n |  |
| 11. Respiratory problem? Eg asthma, bronchitis, sinus etc. \_ | y | N/a | n |  |
| 12. Osteoporosis? Prone to fractures? | y | N/a | n |  |
| 13. Epilepsy? | y | N/a | n |  |
| 14. Spinal/joint problems? Details: | y | N/a | n |  |
| 15. Any other medical reason which may affect/limit exercise programme? | y | N/a | n |  |
| 16. Have you read and understood the double sided handout ‘Guidelines for safer swimming”? | y | N/a | n |  |

All information will be destroyed at the end of the year.

New forms must be completed annually.

Please return as attachment to Club Coaching Coordinator/Safety Officer to email: [westcoastmasters0@gmail.com](mailto:westcoastmasters0@gmail.com)