

Longford Athletic Club –Senior Section

Application Form – Health Screening Form

Name	
Date	
Age	
Sex	
What is the present state of your general health?	
Doctor's Name / Phone	
Emergency Contact / Phone	

Health Screening Questions:		Yes	No
1	Has your doctor ever advised you against exercise		
2	Do you suffer from pains in your chest, at rest or during exercise?		
3	Do you have any bone or joint problems that may be aggravated by exercise?		
4	Are you pregnant or have recently had a baby?		
5	Do you have any allergies?		
6	Do you have asthma?		
7	Do you suffer from high blood pressure?		
8	Are you on any medication?		
9	Have you had an operation recently?		

To the best of my knowledge, the above information is accurate and complete

Signature _____ Date _____

If you answered Yes to any of the above questions please consult with your doctor before embarking on this exercise programme