

# Size Wise

## Health Screening Form

**This questionnaire should be completed when you join the programme.**

**You must bring the completed form along to week 1 of the Size Wise course**

All information given is for health and safety reasons or monitoring purposes and is strictly private and confidential.

**COMPLETE BOTH SIDES OF THIS FORM IN CLEAR, BLOCK CAPITALS**

### SECTION 1      DETAILS OF CUSTOMER

Title <i>(please circle)</i>	Mr	Mrs	Miss	Ms	Dr	Other
First Name			Surname			
Home Address						
	Postcode					
Contact Tel. No.			Mobile No.			
Sex <i>(please circle)</i>	Male	Female				
Date of Birth				AGE		
Do you consider yourself to have a disability? <i>(please circle)</i>					Y	N

### SECTION 2      ETHNIC ORIGIN (optional)

- |  |  |
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| <p><b>A) White</b></p> <p><input type="checkbox"/> British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Other, please specify:</p><br><p><b>B) Black or Black British</b></p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Black other, please specify:</p><br><p><b>C) Chinese or Chinese British</b></p> <p><input type="checkbox"/> Chinese</p> | <p><b>D) Asian or Asian British</b></p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Asian other, please specify:</p><br><p><b>E) Mixed</b></p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> Mixed other, please specify:</p><br><p><b>F) Other ethnic background</b></p> <p><input type="checkbox"/> Please specify:</p> |
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## SECTION 3 HEALTH SCREENING

For most people, physical activity does not pose a hazard. The questions below have been designed to identify the small number of people for whom it would be wise to have medical advice before starting:

<p>1 Has your doctor ever said you have a heart conditions?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>4 In the past month, have you had pain in your chest when you were <b>NOT</b> doing physical activity?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>2 Do you feel pain in your chest when you do physical activity?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>5 Do you have a bone or joint problem that could be made worse by a change in your physical activity?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>3 Do you ever lose balance because of dizziness or ever lose consciousness?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>	

### Declaration

I understand that if I have answered 'Yes' to one or more of the above questions, I should seek medical advice before attending the Size Wise scheme. I agree to tell the instructors if there is a change in my medical condition. I understand that this information will be shared with other instructors and that I participate at my own risk.

Signed: ..... Date: .....

To make the case for funding Size Wise, please help us by answering the following questions:

<p>6 Have you been diagnosed by your doctor or health professional with any of the five following medical conditions?</p> <p><input type="checkbox"/> Heart disease</p> <p><input type="checkbox"/> High blood pressure</p> <p><input type="checkbox"/> COPD (Emphysema and Chronic Bronchitis)</p> <p><input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> Asthma</p>	<p>7 Do you have a long-standing (i.e.: for more than 12 months and likely to continue) illness or <b>disability</b> which affects (or limits) your day to day activities?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Prefer not to say <input type="checkbox"/></p> <p>If Yes, please give brief details:</p>
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