***Fitness and Medical Form***

***Emergency Contact: Number:***

Has anyone in your family under 60 years of age suffered Heart Disease, Stroke or raised Cholesterol? []

Do you have any infectious diseases? [] Have you ever smoked? []

**HAVE YOU HAD OR *DO* YOU HAVE ANY OF THE FOLLOWlNG?**

Gout [] Diabetes [] Epilepsy []

Glandular fever [] any heart condition [] Stroke []

Rheumatic fever [] Heart murmur [] High blood pressure []

Hernia [] Dizziness [] Stomach ulcer []

Chest pains [] Fainting [] Liver condition []

Cramps [] Kidney condition [] Hearing []

Arthritis [] Asthma []

**HAVE YOU HAD ANY PAIN OR MAJOR INJURIES TO THE FOLLOWING AREAS?**

Neck [] Shoulders [] Ankles []

Legs [] Knees [] Back []