



Bridgend Kyokushinkai Karate Club



Medical Questionnaire

Name _____

Address _____

Post Code _____

Tel. _____

Date of Birth _____

- | | | |
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| 1. | Have you had to consult a doctor in the six months? | Yes / No |
| 2. | Are you currently taking any form of medication? | Yes / No |
| 3. | Do you suffer from diabetes? | Yes / No |
| 4. | Do you suffer from asthma? | Yes / No |
| 5. | Do you suffer from epilepsy? | Yes / No |
| 6. | Do you suffer from a heart complaint? | Yes / No |
| 7. | Is there a history of heart disease in your family? | Yes / No |
| 8. | Do you suffer from high/low blood pressure? | Yes / No |
| 9. | Do you have any muscle/joint injuries? | Yes / No |
| 10. | Have you had to stop exercising in the last 12 months? | Yes / No |
| 11. | Do you smoke? | Yes / No |
| 13. | Is there anything to you knowledge that would prevent you from training? | Yes / No |

Emergency contact 1

Name _____

Address _____

Post Code _____

Tel. _____

Relationship _____

Emergency contact 2

Name _____

Address _____

Post Code _____

Tel. _____

Relationship _____

The details you have provided are solely for club use and will not be provided to a third party without your consent

Signature of student/guardian _____