**Health Questionnaire**

Please take your time to complete the below questionnaire. This is required to ensure safety of all our guests.

Our North Wales trips involve a degree of swimming and walking. Where possible we may be able to make adjustments. Please contact us if you would like to discuss any adjustments you feel may be required. Our staff have personally been on this trip and can give guidance where needed.

For our North Wales adventure, our swim distance average is 1.5km with a maximum swim in one journey of 3k.

Please be aware that the water temperatures will vary from trip to trip, with an approximation of 14 - 18°c.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **First Name:** |  | **Last name:** |  | |
| **Date of Birth:** |  | **Contact number:** |  |
| **Address:** |  | **Email Address:** |  | |
| **Emergency contact Name:** |  | **Relationship to you:** |  | | |
| **Emergency contact number:** |  |

For most people, taking part in physical activity is not hazardous. The following questions are designed to identify anyone of whom it would be wise to have medical advice before joining us.

|  |  |  |
| --- | --- | --- |
| **Health Screening Questionnaire** | **Yes** | **No** |
| Has your doctor ever said you have a heart condition? |  |  |
| Do you feel pain in your chest when partaking in physical activity? |  |  |
| Do you ever loose balance or consciousness due to feeling dizzy? |  |  |
| In the past month, have you had pain in your chest when you were **NOT** taking part in physical activity? |  |  |
| Do you have a bone or joint problem which could be made worse by physical activity? |  |  |
| Are you currently pregnant or post-partum? |  |  |
| Do you have insulin dependent diabetes? |  |  |
| Do you have epilepsy? |  |  |
| Do you suffer from asthma? |  |  |
| Do you have any known allergies? |  |  |
| y other reason you should not exercise, increase your physical activity or take part in an open water swimming activity? |  |  |
| If you have answered **YES** to any of the above questions, please give more detail in the comment section. |  |  |
| If you have answered **YES** to any of the above questions, please give more detail Below. | | |
|  | | |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Sign:** |  | **Date:** |  |

If you require any further information, please do contact us at [info@ptpcoaching.co.uk](mailto:info@ptpcoaching.co.uk) or call **07736 930823**