



President: Paul Finn **Chairman:** Dr. Bob Willingham **Treasurer:** Tanya Salisbury
Secretary: Marylyne Jones, Matholie, Maer Down, Bude, Cornwall, EX23 8NG info@budegigclub.co.uk

Club Health and Safety Questionnaire

First name _____
Surname _____
Address _____
Phone number _____
Email _____

1. Have you ever fainted or become dizzy whilst exercising? Yes / No
2. Have you ever had chest tightness, cough, wheezing which has made it difficult for you to perform sport? Yes / No
3. Has your GP ever said you have a heart condition? Yes / No
4. Do you feel pain in your chest when you do physical activity? Yes / No
5. In the past month, have you had any chest pain when you are not performing physical activity? Yes / No
6. Do you lose your balance because of dizziness or do you ever lose consciousness? Yes / No
7. Do you have a bone or joint problem that could be made worse by changing your physical activity? Yes / No
8. Have you ever suffered from epilepsy? Yes / No
9. Have you routinely taken any medicine in the last two years? Yes / No
10. Have you ever had Rheumatic fever? Yes / No
11. Do you know of any reasons why you shouldn't exercise? Yes / No

If you have answered YES to one or more of the questions above please visit or speak with your GP first then sign the declaration below before participating in these water sports activities.

I confirm that I have answered YES to one or more of the above questions and have seen my GP who has affirmed that I am able to participate in such water sports.

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction by a senior club member.

I certify I am able to swim in the sea in excess of 50 m Yes / No
If you cannot meet this requirement you must wear a lifejacket at all times when in the boat.

I agree to inform the club of any change in my personal health / swimming proficiency .

Signature _____ **Date** _____

Parent/Guardian _____ **Date** _____