**READINESS FOR PHYSICAL ACTIVITY -**

**HEALTH CHECK QUESTIONNAIRE**

**STRICTLY CONFIDENTIAL**

**2023-24**

Physical activities include physical work placements, outdoor activities/visits/fitness classes

*This form is to be completed by learners before participating in the class/activity*

Name ………………………………………………….…….. Date of Birth ………………………................

Activity to be undertaken …………………………………. Location ………………………………………...

|  |  |  |  |
| --- | --- | --- | --- |
| *This questionnaire has been designed to ensure you are able to participate safely in your chosen activity. Please answer the following questions and return this form to your tutor who will respect the confidential nature of any information provided. Should you have any difficulties or disabilities requiring specific arrangements, please consult your Tutor/Supervisor or the Adult Education team skillsandemployment@cheshirewestandchester.gov.uk.* | | | |
| WE WILL TREAT ALL INFORMATION CONFIDENTIALLY | | | |
| **Do you have or have ever had any of the following? (please tick the appropriate box and give any relevant details)** | | | |
| Mobility difficulties: |  | Details: | |
| Joint or muscle injury/discomfort |  | Details: | |
| Breathing difficulties eg asthma |  | Details: | |
| High/Low blood pressure\* |  | \*Please delete as appropriate | |
| Headaches/Migraine\* |  | \*Please delete as appropriate | |
| Sight/hearing impairment\* |  | \*Please delete as appropriate | |
| Dizzy spells/feel faint |  | Hernia |  |
| Coordination difficulties |  | Stroke |  |
| Epilepsy |  | Diabetes |  |
| Heart problems |  | Osteoporosis |  |
| Have you had any recent operations (within last 2 years)? | | |  |
| Are you pregnant or have you given birth within the last 14 weeks? | | |  |
| Are you taking any prescribed medication or undergoing prescribed treatment or therapy? | | |  |
| Are you taking any non-prescribed medication or undergoing non-prescribed treatment or therapy? | | |  |
| Do you have any other medical condition, disease or disability not covered by the above? (Please describe briefly on the reverse of this form.) | | |  |
| IF YOU HAVE TICKED ANY OF THE ABOVE | | | |
| To ensure your safety, your tutor may wish to ask you some further questions and in some cases you may need to seek advice from your doctor. You may be able to do any activity you want as long as you build up slowly and gradually. You may wish to restrict your activities to those which are safe for you. Talk to your doctor about the kinds of activity you wish to participate in and follow their advice. | | | |
| **Learner Consent**  I understand that I am responsible for monitoring my own responses during activity and will inform the tutor of any changes in my health or if any of the above details change.  Signed ……………………………………………………. Date …………………………………… | | | |

**Readiness for Physical Activity - RISK ASSESSMENT (cont)**

**For all conditions identified above, Tutor/Supervisor to complete the following risk assessment in negotiation with participant:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Health Consideration** | **Control Measures to be put in place** | **Action by whom?** | **Action by when?** | **Done (date)** |
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**SIGNED**: ………………………………….……………………. **POSITION**: …………………………….…………………………

**Checked by:** …………………………………………………….  **Position:** ……………………………………………………….. **Date:** ………….........