



## HEALTH AND FITNESS QUESTIONNAIRE

### PRE-EXERCISE MEDICAL SCREENING

1. Do you have a history of heart problems?
2. Do you have a history of lung problems?
3. Have you had chest pains or tightness in the chest?
4. Do you suffer from exercise induced asthma or other respiratory problems?
5. Do you suffer from headaches/fainting/ dizziness?
6. Do you have pain/limited movement in any joint that could be made worse by a change in your physical activity?
7. Do you have diabetes?
8. Do you have epilepsy?
9. Have you had a recent operation/chronic illness/injury?
10. Are you pregnant / post natal?
11. Do you know of any other reason why you should not do physical activity?
12. Do you have high blood pressure?
13. Do you have a back problem that could be made worse by a change in your physical activity?

### FOR JUNIORS

1. Does your child have bone or a joint problem which could be made worse by physical activity?
2. Does your child suffer from asthma that adversely affects him or her during physical exercise?
3. Do you know of any other reason why your child should not participate in or should take extra care when engaging in physical activity?

### CONDITION

If you have answered yes to any questions 1-10, we strongly recommend that you obtain your doctor's consent prior to exercise. If you have answered yes to questions 11-13, you are advised to limit your activities to a moderate intensity.

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### DECLARATION

I am aware of and understand the potential risks associated with physical exercise and I am voluntarily partaking in these activities with knowledge thereof.

I have had the opportunity to ask questions regarding activities, use of equipment, and other related activities. Any questions I have asked have been answered to my satisfaction.

*Venues' addresses:*

*Fairlawn Primary School, Honor Oak Road,  
London, SE23 3SB*

*Rathfern Primary School, Rathfern Road  
London, SE6 4NL*

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The Health and Fitness Questionnaire attached hereto has been completed to the best of my knowledge and belief and I understand that if there is a change in my condition at all, I must inform the KKAcademy instructor in order that my training can be re-assessed.

I have provided all personal information and contact details requested by KKAcademy, essential for contact purposes in Registration Form.

I have read, understand and accept the rules, terms and conditions lay down by the KKAcademy and agree to abide by them.

I understand that the club may from time to time make changes to the club rules and regulations without prior notice.

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