

To be completed in BLOCK capitals and **Black** ink or Electronically (Typescript)

Name \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_

Weight (Kg) \_\_\_\_\_ Height (cm) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Telephone \_\_\_\_\_

The Institute for Chinese Martial Arts (ICMA) requires that all new students complete a Physical Activity Readiness Questionnaire to help us and you decide if it is safe for you to participate in Chinese martial arts and to find out about any problems that may prevent you from exercising. Many health benefits are associated with regular exercise and the completion this form is a sensible and necessary first step if you are planning to increase the amount of physical activity that you do. For most people physical activity should not pose any problems or hazards. This form has been designed to identify the minority of people for whom physical activity might not be appropriate, or those who should seek medical advice concerning the type of activity most suitable for them.

	<i>Please Tick the Appropriate Box</i>	Yes	No
1	Have you been diagnosed with a heart condition and/or been instructed by a medical professional only to participate in medically supervised activity?	<input type="checkbox"/>	<input type="checkbox"/>
2	Have you ever felt pain in your chest during physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
3	Have you ever experienced chest pains when not participating in physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
4	Have you suffered with palpitations?	<input type="checkbox"/>	<input type="checkbox"/>
5	Have you suffered with dizziness or fainting?	<input type="checkbox"/>	<input type="checkbox"/>
6	Have you been diagnosed with high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
7	Have you recently undergone surgery (within two months)?	<input type="checkbox"/>	<input type="checkbox"/>

	<i>Please Tick the Appropriate Box</i>	Yes	No
8	Do you have existing bone or joint problems?	<input type="checkbox"/>	<input type="checkbox"/>
9	Do you experience shortness of breath?	<input type="checkbox"/>	<input type="checkbox"/>
10	Do you have Asthma?	<input type="checkbox"/>	<input type="checkbox"/>
11	Do you have Hemophilia?	<input type="checkbox"/>	<input type="checkbox"/>
12	Do you have Epilepsy?	<input type="checkbox"/>	<input type="checkbox"/>
13	Do you have Diabetes Mellitus?	<input type="checkbox"/>	<input type="checkbox"/>
14	Do you take prescribed medication that may affect your ability to exercise?	<input type="checkbox"/>	<input type="checkbox"/>
15	Are you pregnant or have you recently given birth (within the last six weeks)?	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered 'Yes' to any of the questions listed from 1 to 15, we may require you to obtain written consent from your doctor before agreeing to allow you to participate in Chinese martial arts. We suggest that you talk to your doctor before becoming more physically active. Please tell your doctor about this questionnaire and the questions to which you have answered 'Yes',

16	Do you smoke regularly (20 tobacco products a week or more)?	<input type="checkbox"/>	<input type="checkbox"/>
17	Do you drink alcohol regularly (21 units a week or more)?	<input type="checkbox"/>	<input type="checkbox"/>
18	Do you have a cholesterol level that is greater than: 4.0 mmol/l?	<input type="checkbox"/>	<input type="checkbox"/>
19	Do you consider yourself to be overweight?	<input type="checkbox"/>	<input type="checkbox"/>
20	Do you take anabolic steroids and/or performance enhancing drugs?	<input type="checkbox"/>	<input type="checkbox"/>
21	Do you have AIDS or are you HIV Positive?	<input type="checkbox"/>	<input type="checkbox"/>
22	Do you have Hepatitis or are you a carrier?	<input type="checkbox"/>	<input type="checkbox"/>

If you proceed with participation in Chinese martial arts and during this period, your health changes so that you would subsequently answer 'Yes' to any of the questions in this questionnaire it is your responsibility to inform us immediately as you may need to change or possibly suspend your training. If you feel unwell due to a temporary illness eg influenza it is advisable to stop training and recover properly.

If you are unsure of the answer to any of the 22 questions listed, you may wish to seek medical advice before completing this form to ensure that it is completed accurately. Failure to complete this form accurately may invalidate your application for membership of the ICMA and its associated insurance scheme.

**Declaration**

I have read and understood and completed this questionnaire. The answers that I have given are accurate at the date of signature to the best of my knowledge and having taken medical advice where appropriate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date