

PORTLAND GIG ROWING CLUB

HEALTH & SAFETY QUESTIONNAIRE / DECLARATION

Title:	First Name:	Surname:
Address:		
Home Tel:	Mobile:	
Email: (parent/guardian email if for junior member)		

		YES	NO
1	Do you have any disabilities or learning difficulties? If yes, please give details overleaf.		
2	Do you have any allergies? If yes, please give details overleaf.		
3	Can you swim at least 50 metres in light clothing? If you can't meet this requirement you must wear a lifejacket/buoyancy aid at all times in the boat.		
4	Have you ever fainted or become dizzy whilst exercising?		
5	Have you ever had chest tightness, cough or wheezing which has made it difficult for you to perform sport?		
6	Has your GP ever said that you have a heart condition?		
7	Do you feel pain in your chest when you do physical activity?		
8	In the past month have you had chest pain when you were not performing physical activity?		
9	Do you lose your balance because of dizziness, or do you ever lose consciousness?		
10	Do you have a bone or joint problem that could be made worse by a change in your physical activity?		
11	Have you ever suffered with epilepsy?		
12	Have you routinely taken any medication in the last two years?		
13	Have you ever had rheumatic fever?		
14	Do you know of any other reason why you shouldn't exercise?		

If you have answered YES to one or more of questions 4 to 14 above, please speak with or visit your GP and sign the declaration before participating in gig rowing.

I confirm that I have answered YES to one or more of the above questions and have seen/spoken with my GP who has affirmed that I am able to participate in gig rowing. Yes / Not Applicable* *delete as appropriate

Signed:* Date:

* to be signed by a parent / guardian for a junior member