

## Fitness to Dance Questionnaire

(Updated May 2008)

**Please provide the following information:**

Title \_\_\_\_\_ First names \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone (Day) \_\_\_\_\_ (Eve) \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ F/M

**Person to be contacted in case of emergency**

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

**Do you have, or have you had? (Please Delete)**

Any Heart Condition	YES/NO
High Blood Pressure	YES/NO
Epilepsy	YES/NO
Dizziness or Fainting	YES/NO
Diabetes	YES/NO
Are you taking any prescribed medication for a medical condition	YES/NO
Are you (or likely to be) pregnant	YES/NO

**If you answered YES to any of the above, it is recommended that you seek medical advice BEFORE STARTING DANCE CLASSES.**

Is there any other medical conditions/issues that may affect you exercising? YES/NO  
 IF YES please give details:

**Do you have or have you had? (Please Delete)**

Arthritis	YES/NO
Asthma	YES/NO
Muscular Pain	YES/NO
Any pain or major injury, particularly in the following areas; NECK, BACK, ANKLES, PELVIC AREA	YES/NO

**If you answered YES to any of the above – then please discuss with the teacher BEFORE STARTING DANCE CLASSES.**

Are you in good health at the moment? YES/NO - IF NO please give details:

### STATEMENT

**I recognise that the teacher is NOT able to provide me with any medical advice with regards to my medical fitness, and that the information above is only to be used as a guideline to the limitations of my ability to dance. I have answered the questions to the best of my knowledge, I understand the above advice and that THIS INFORMATION IS FOR THE TEACHERS' USE ONLY and will not be passed on to any other party. I also undertake to advise the teacher if any medical condition develops which might affect my ability to dance and if any of the above information changes.**

Signed \_\_\_\_\_ Date \_\_\_\_\_