

Action for Life

East Surrey Walking for Health Schemes

Registration Form

Name		Title. Mr/ Miss/Mrs/ Other	
Address		Post Code	Year of Birth
Tel Number		E Mail address	
Person who can be contacted in case of Emergency	Name	Telephone No	
How did you hear about us:			

Health Screening - Please circle either YES or NO

- | | |
|--|--|
| <p>1 Has your Doctor ever said you had a heart condition
YES/NO</p> <p>2 Do you feel pain in your chest when you do physical activity
YES/NO</p> <p>3 In the past month have you had a pain in your chest when you were not doing Physical Activity
YES/NO</p> | <p>4 Do you ever lose balance because of dizziness or ever lose consciousness
YES/NO</p> <p>5 Do you have a bone or Joint problem that could be worse by a change in your physical activity
YES/NO</p> |
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DECLARATION:- I understand that if I have answered "Yes" to one or more of the above questions, I should seek medical advice before attending a walking programme. I agree to tell the walk leaders if there is a change in my medical condition. I understand that this information will be shared with other walk leaders and that I walk at my own risk

Signed: _____ Date _____

Help us to Help others - Please tick appropriate boxes

<p>Have you ever been diagnosed by your Doctor or Health Professional with any of the five following medical conditions – Please tick appropriate box</p>	<p>11 Do you have a long standing (ie for more than 12 months and likely to continue) illness or disability which affects (or limits your day to day activities)</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/> Prefer not to say <input type="checkbox"/></p> <p>If Yes Please give brief details:</p>
6 Diabetes <input type="checkbox"/>	
7 Asthma <input type="checkbox"/>	
8 High Blood Pressure <input type="checkbox"/>	
9 Heart disease <input type="checkbox"/>	
10 COPD (Emphysema and Chronic Bronchitis) <input type="checkbox"/>	

About You – Please circle either YES or NO

New Walker	YES/NO	Existing Walker	YES/NO	Returning	YES/NO
Are you a trained Leader		Have you been recommended to walk by your Doctor or other Health to Join the walks			
YES/NO		YES/NO			
In the past week on how many days have you accumulated at least 30 minutes of moderate exercise eg brisk walking, cycling, sport (Do not include activity that may be part of your job – enter No of days					No of days