



Courtown Harbour, Gorey, County Wexford

Tel: 05394 24849

Email: forestpark@coralleisure.ie

Web: www.coralleisure.ie/forestpark

Health Status Questionnaire - Teen Age Verification



Name _____ Telephone _____
 Address _____ Date of Birth _____

 _____ Personal Doctor _____
 _____ Telephone _____
 Person to contact in case of emergency _____ Telephone _____

To create a safe and effective exercise programme for you please answer the following questions honestly.
 All information you provide will be treated with the strictest confidence.

	YES	NO						
1 Have you been advised by a medical professional to participate in an exercise programme?	<input type="checkbox"/>	<input type="checkbox"/>						
2 Have you under received a complete medical examination in the past 5 years? If yes, please provide the date of the examination. _____	<input type="checkbox"/>	<input type="checkbox"/>						
3 Have you had any operations within the past 6 months? If yes, please provide the date(s) and details of the operation(s) _____	<input type="checkbox"/>	<input type="checkbox"/>						
4 Do you have any allergies, or are you allergic to any medication? If yes, please provide details of your allergy or allergies. _____	<input type="checkbox"/>	<input type="checkbox"/>						
5 Are you currently taking any medication? If yes, please provide details of the medication you currently take. _____	<input type="checkbox"/>	<input type="checkbox"/>						
6 Are you partaking in a specific diet or eating plan? If yes, please provide details of your diet or eating plan. _____	<input type="checkbox"/>	<input type="checkbox"/>						
7 Have you ever been informed that you suffer from high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>						
8 Have you ever been informed that you suffer from high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>						
9 Do you have a history of any of the following medical conditions? Please circle all that apply. <table border="0" style="width: 100%; text-align: center;"> <tr> <td>Arthritis</td> <td>Epilepsy</td> <td>Varicose veins</td> <td>Asthma</td> <td>Heart disease</td> <td>Diabetes</td> </tr> </table>	Arthritis	Epilepsy	Varicose veins	Asthma	Heart disease	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis	Epilepsy	Varicose veins	Asthma	Heart disease	Diabetes			
10 Is there a history of heart disease in your family?	<input type="checkbox"/>	<input type="checkbox"/>						
11 Do you suffer from back ache or any other muscle or joint problems? If yes, please provide details _____	<input type="checkbox"/>	<input type="checkbox"/>						
12 Do you smoke?	<input type="checkbox"/>	<input type="checkbox"/>						
13 Are you pregnant, or have you been pregnant within the last 3 months?	<input type="checkbox"/>	<input type="checkbox"/>						

I certify that I have answered all of the above questions honestly and that I am free from any medical condition(s) that may be aggravated by physical exertion.

By signing below I am aware of and accept all responsibility for the risks and any injuries that may be caused to my child or a child in my care by using and partaking in the facilities at Forest Park Leisure Centre. I am aware that using the Gym, weight training area, Fitness Studio, Swimming pools, water slides, Jacuzzi, Sauna and/or Steam Room poses a serious risk to ones health and those that are in my care and that one should not use such facilities if they are pregnant, have a history of any cardiac problems, stroke, epilepsy, diabetes etc. or are taking medication. I also confirm that I will make both the reception staff and management completely aware if I or anyone in my care has any of the conditions set out above or any other serious medical condition, injury and or ailment.

Signed _____ Received by _____

Date _____ Courtown Water World Ltd. T/A Coral Leisure.

V.A.T. Registration No.: 6360873C