



Fit to Begin Questionnaire

Name:		D.O.B:
Address:		Contact in case of emergency Name:
Post Code:		Contact in case of emergency number:
Tel No:		
Email:		

Please tick (✓) if you have been diagnosed with any of the following:

Heart Condition	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>		

Please tick (✓) if you have experienced any of the following:

Joint Injury	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Stroke	<input type="checkbox"/>
Back Injury	<input type="checkbox"/>	Fainting / Dizziness	<input type="checkbox"/>	Arthritis	<input type="checkbox"/>
Chest Pains	<input type="checkbox"/>	Are you pregnant or 6 weeks post natal?			<input type="checkbox"/>

Declaration:

I understand that if I have ticked any of the grey boxes above I should seek medical advice before participating in the running group. I agree to tell group organisers if there is any change in my medical condition. The information will be used for sole purpose of my safe participation in the Swindon Shin Splints running group and that I will also be registered with Run England. I also understand that I participate at my own risk. The information gathered on this form will be held securely in accordance with the Data Protection Act 1998.

Signed:.....

Date:.....

Please detail any specific advice given by your Doctor in relation to exercise:

.....
.....

Please detail any other relevant medical information:

.....
.....

Do you consider yourself to have a disability? If so, please state:

.....

About You:

Ethnicity: Please tick which applies to you

White	Mixed	Asian British	Black or Black British	
British	White Caribbean	Pakistani	Caribbean	Chinese
Irish	White Black African	Bangladeshi	African	Other
Other	White Asian	Indian	Other	
		Other		

Exercise:

On how many days have you done 30 minutes or more of physical activity in the past week?

0 1 2 3 4 5

Age Range:

15–24 25–34 35–44 45–54 55–64 65-74

Are you new to running? Yes No

Do you currently run with a club/group? Name:.....

What length of time can you continuously run for? (in minutes)

0 up to 5 up to 10 up to 15 up to 20 20 or more

I have joined the Swindon Shin Splints to be able to run:

- a) Marathon b) half marathon c) 10K d) 5K e) Just for fun