



Medical and Fitness Questionnaire

To be completed by parent or guardian if under 18

Full Name:

Date of Birth: Occupation:

Personal Fitness

Presently, do you exercise on a regular basis? Yes / No

How many days per week do you exercise?

How long have you been regularly partaking in exercise? years months

Are you currently trying to lose weight/body fat?

If yes, how much weight are you aiming to lose and in what timescale?

Medical History

Are you currently or have you ever undergone any treatment for any of the following?

High blood pressure	Yes / No /	Diabetes	Yes / No
Heart issues	Yes / No	Chest pain	Yes / No
Fainting spells	Yes / No	Emphysema	Yes / No
Thyroid disorders	Yes / No	Kidney disorders	Yes / No
Unusual shortness of breath	Yes / No	Epilepsy	Yes / No
Blood disorder	Yes / No	Cancer	Yes / No

If you have answered yes to any of the above, please provide a letter from your doctor/physician providing approval to take part in martial arts/yogic activity before participating in any of our sessions.

Are you pregnant? Yes / No (If yes, unfortunately our sessions are not suitable)

Are you allergic to any medication? Yes / No If yes, what:

Do you have/suffer from any of the following?

High cholesterol	Yes / No	Cramping pains	Yes / No
Asthma	Yes / No	Back Pain	Yes / No
Joint pain/Muscular Injuries	Yes / No		

If you have answered yes to any of the above or have any other conditions of which we should be aware, please supply details in writing.

Declaration

I have completed the above information to the best of my knowledge and will ensure that any changes to my physical condition or ability to safely partake in BMAA activities will be fully communicated to the instructor. Any advice from a medical professional regarding fitness related activities will also be communicated to the instructor and association, following which participation will only take place upon medical approval.

Neither Bushido Martial Arts Association or the Instructor are liable for any ill health suffered and I accept full responsibility for both risks associated with the participation in classes and for ensuring that the association and instructor are supplied with all information regarding my health that differs from the answers provided in this document. I agree to ensure I always have any current medication with me during sessions run by BMAA.

Signed: Date: