



## COMBAT MARTIAL ARTS STUDENT HEALTH QUESTIONNAIRE

This questionnaire is required to be filled in and returned to the club instructor, the contents of the questionnaire will be kept in the strictest confidence by the instructor unless needed for medical purposes.

Please write clearly using block capitals:

|  |             |                                   |
|--|-------------|-----------------------------------|
| <b>Student's Name:</b>   | <b>Age:</b> | <b>Gender/Preferred Pronouns:</b> |
| <b>Home Address:</b>   |             |                                   |
| <b>Contact Details:</b><br>E-Mail:<br>Mobile:<br>Daytime:<br>Work:         |             |                                   |
| Name of GP:<br>Telephone of GP:<br>Address of GP:                          |             |                                   |
| Emergency Contact 01:  |             | Relationship:                     |
| Emergency Contact 02:  |             | Relationship:                     |
| Emergency Contact 03:  |             | Relationship:                     |
| <b>Emergency contact Details and Address:</b><br>01:<br><br>02:<br><br>03: |             |                                   |

continued overleaf...

| <b>* Please Tick as Appropriate</b> | <b>Yes*</b> | <b>No*</b> |
|-------------------------------------|-------------|------------|
| Are you in Good General Health?     |             |            |

**Do you suffer from any of the following conditions?**

|  |  |  |
|--|--|--|
| Middle Ear Problem - affecting you balance.                              |  |  |
| Prone to Fainting Spells or Blackouts.                                   |  |  |
| Deafness   |  |  |
| Partial sightedness  |  |  |
| Heart Disease  |  |  |
| Epilepsy   |  |  |
| High Blood Pressure  |  |  |
| Asthma   |  |  |
| Diabetes   |  |  |
| Any problems or weakness of bones or joints                              |  |  |
| Any other medical conditions? (If YES - please specify details overleaf) |  |  |

**If you answer Yes to any of these questions, please give details on a separate sheet.**

**Signature of Student / Parent / Guardian:**

**Date:**

**Print Name:**