University of BRISTOL
Sport, Exercise and Health

Bristol SU

Community Exercise .

HEALTH COMMITMENT STATEMENT

PERSONAL INFORMATION

(PLEASE USE BLOCK CAPITALS)

Full Name

Date of Birth / /

Address

Postcode

Phone Number

E-Mail

Emergency contact

We may need to tell your GP that you are attending the programme. Please tick here if you agree to this. ☐

GP Practice Name

Phone Number

Please complete the health questionnaire on the reverse of this form.

I have read and agreed to the Terms & Conditions and Rules of Use (www.bristol.ac.uk/sport/memberships) ☐

Signed

Date / /

If you do not wish to receive further communications via email and text message about University of Bristol and Bristol SU | Sport events and activities, please tick this box. ☐

ADMINISTRATION USE ONLY

Membership start date: / /

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HEALTH QUESTIONNAIRE

DO YOU HAVE ANY OF THE FOLLOWING? (PLEASE TICK ALL THAT APPLY)

	Yes	No	Year first diagnosed
Angina	☐	☐	
Heart attack	☐	☐	
Stroke	☐	☐	
Diabetes	☐	☐	
Arthritis	☐	☐	
Osteoporosis	☐	☐	
Asthma	☐	☐	
Epilepsy	☐	☐	
High cholesterol	☐	☐	
High blood pressure	☐	☐	
Cancer	☐	☐	
Hernia	☐	☐	
Other	☐	☐	

Notes

	Yes	No
Are you on any medication that may affect your ability to exercise?	☐	☐
Do you ever have pains in your heart/chest during exertion or at rest?	☐	☐
Do you have a bone or joint problem that could be aggravated by exercise?	☐	☐
Do you smoke?	☐	☐
Do you have any hearing problems?Is there any reason not mentioned that might affect your ability to exercise?	☐	☐

Notes

When was your BP last measured?

Reading

Signed

Date / /