# U:\Personal\Pictures\new_logo_2013.png Annex 3 - Health Questionnaire

Learner name: ………………………………………………………………………………………………………………………………..

Course title: ………………………………………………………………………………………………………………………………….

In order to ensure that you get the most out of your course, we would be grateful if you would spend a few minutes completing this Health Questionnaire. It is important that your tutor should be aware of any health problems or difficulties that you suffer from.

## Please be assured that this questionnaire will be kept in the strictest confidence

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| Questions - Physical Activities | **(Please 🗸)** |
| **Yes** | **No** |
| 1. | Do you have a heart condition, high or low blood pressure? |  |  |
| 2. | Do you have trouble breathing or suffer from asthma?  |  |  |
| 3. | Do you have a back problem or joint problem such as arthritis? |  |  |
| 4. | Do you suffer from vertigo or dizziness? |  |  |
| 5. | Do you suffer from diabetes? |  |  |
| 6. | Do you suffer from epilepsy or loss of consciousness? |  |  |
| 7. | Have you recently had an operation? |  |  |
| 8. | Do you have any other condition that the tutor should know about? (e.g. are you pregnant?) |  |  |
| Questions - Other |
| 9. | Are you on any medication that the tutors should be aware of? |  |  |
| 10. | Do you have any allergies i.e. food allergies, allergies to chemical substances including oils, glues, solvents or art and craft materials? |  |  |

If you have answered **“Yes”** to any of the above questions, please give details in the box below:

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**Declaration (physical activities only)**

I understand that if I answered ‘yes’ to any of the physical activity questions above, I should seek medical advice (if appropriate) before undertaking a physical activity. Any activities I undertake, before seeking medical advice, shall be at my own risk.

Learner signature: ………………………………………………………………… Date: …………………………………….

Name and telephone number of emergency contact person (please print):

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| Term One |
| Tutors comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Tutors Signature: Date: / /  |

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| Term Two | **Yes** | **No** |
| Have any of the details given in the questionnaire changed since you started the course? |  |  |
| If ‘Yes’ please give details: |
| Learner signature: Date: / / Tutors comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Tutors Signature: Date: / /  |

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| Term Three | **Yes** | **No** |
| Have any of the details given in the questionnaire changed since you started the course? |  |  |
| If ‘Yes’ please give details: |
| Learner signature: Date: / / Tutors comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Tutors Signature: Date: / /  |