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**Cardio Drumming – Pre-Exercise Health Questionnaire & Consent Form**

Regular physical activity is safe, healthy, and enjoyable for most people. However, some individuals should check with their doctor before becoming more physically active. Completing this form helps ensure your safety and allows me to adapt exercises if needed.

⚠️ If you answer “Yes” to any medical questions, please consult your doctor before joining.
If your health changes at any time, update this form and seek medical advice before continuing exercise.

Completed forms will be stored securely in line with GDPR regulations.

📧 Please return completed forms to: Tamsin.drums4health@gmail.com

## Personal Information

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: ☐ Male ☐ Female ☐ Prefer not to say

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address:

Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Health Screening Questions

|  |  |  |
| --- | --- | --- |
| Question | Yes | No |
| Has your doctor ever said that you have a medical condition requiring only doctor-approved activity? | ☐ | ☐ |
| Do you feel pain in your chest when doing physical activity? | ☐ | ☐ |
| In the past month, have you had chest pain while not being active? | ☐ | ☐ |
| Do you ever lose balance due to dizziness, or lose consciousness? | ☐ | ☐ |
| Is your doctor currently prescribing medication for blood pressure or a heart condition? | ☐ | ☐ |
| Do you have a bone or joint problem that could worsen with activity? | ☐ | ☐ |
| Do you know of any other reason why you should not take part in physical activity? | ☐ | ☐ |
| Are you pregnant, or have you been pregnant in the last 6 months? | ☐ | ☐ |
| Do you have any illnesses, or have you been ill recently? | ☐ | ☐ |

## Additional Information

If you answered YES to any questions, please provide details below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## Doctor’s Approval (if required)

Have you consulted your doctor about exercise? ☐ Yes ☐ No

Has your doctor approved you to begin physical activity? ☐ Yes ☐ No

## Important Notes

• If you are unwell (e.g., cold, fever, or illness), delay participation until you feel better.
• If pregnant (or may be pregnant), seek medical advice before starting or continuing.
• Always listen to your body, work at your own pace, and stop if you feel unwell.

## Informed Consent

By signing below, I confirm that:
• I have answered all questions honestly and to the best of my knowledge.
• I take responsibility for my own health and will inform the instructor of any changes.
• I understand that exercise carries some risks, but all activities will be explained and demonstrated clearly.
• I will notify the instructor if I should not take part in any exercise.
• I know I am free to withdraw from a session at any time.

Participant’s Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature (if under 16): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_