

Highland Recovery Walk



<b>Please tick appropriate box</b>	<b>Yes</b>	<b>No</b>
<b>Has your doctor ever said that you have a heart condition</b>		
<b>Do you feel pain in your chest when you do physical activity</b>		
<b>In the past month have you had any pain in your chest</b>		
<b>Do you ever suffer from shortness of breath</b>		
<b>Do you lose your balance because of dizziness or do you ever lose consciousness</b>		
<b>Do you have a bone or joint problem that could be made worse by taking part in this activity</b>		
<b>Do you have diabetes</b>		
<b>Do you have asthma</b>		
<b>Do you have angina</b>		
<b>Are you taking any prescribed medication</b>		
<b>Do you have any allergies that you are aware of</b>		
<b>Do you carry an ephedrine pen if so where</b>		

I understand that if I have answered YES to one or more of the above questions, I should seek medical advice before undertaking this activity.

Registration Number \_\_\_\_\_

Name (Print) \_\_\_\_\_

Name (Signed) \_\_\_\_\_

Date \_\_\_\_\_