Boxing Scotland Fit to Spar – Over 18’s Physical Activity Readiness Questionnaire

_________________________ Boxing Club

Reason for Joining the Boxing Club

I wish to register as a Recreational/fitness Member: (please tick) ☐
I wish to register as a Boxer Member (please tick): ☐

Name: _______________________________ D.O.B: _______________________________
Address: ______________________________________________________________________
Town/City: ___________________________ Post Code: _____________________________
Email: ____________________________________________________
Tel: ___________________________________________ Mobile: ___________________________

Person to contact in case of emergency: ____________________________________________
Name: ___________________________ Tel: ____________________________
Mobile: _____________________________ Relationship: ____________________________

Do you now, or have you had in the past (please circle as appropriate)

- History of heart problems, chest pains or stroke within your family: Yes No
- Increased or low blood pressure: Yes No
- Advice from Doctor stating not to exercise: Yes No
- Surgery within the last 12 months: Yes No
- Pregnancy now or within the last 3 months: Yes No
- History of breathing or lung problems: Yes No
- Muscle, joint or back disorder or any previous injury affecting your ability: Yes No
- Diabetes or thyroid condition: Yes No
- Hernia or condition that may be aggravated by lifting weights: Yes No
- Severe chronic infections: Yes No
- Severe blood dyscrasias e.g. Sickle cell disease: Yes No
- History of Hepatitis B, Hepatitis C or HIV infection: Yes No
- Refractive and intraocular surgery, cataract, retinal detachment: Yes No
- Myopia of more than -5 diopters: Yes No
- Recorded visual acuity in each eye of:
  - Uncorrected worse than 20/200 and corrected worse than 20/50: Yes No
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<td>Exposed open infected skin lesions</td>
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<td>Significant congenital or acquired cardiovascular, pulmonary or musculoskeletal deficiencies or abnormalities*</td>
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<td>Unresolved post-concussion symptoms, which will need clearance from a neurologist</td>
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<td>Significant psychiatric disturbances or drug abuse</td>
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<td>Significant congenital or acquired intracranial mass lesions or bleeding</td>
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<td>Any seizure activity within the last 3 years</td>
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<td>Hepatomegaly, splenomegaly, ascites</td>
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<td>Uncontrolled diabetes mellitus or uncontrolled thyroid disease</td>
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<td>Any implantable device which can alter any physiologic process</td>
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<td>Any recent injuries</td>
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<td>Any other condition not previously mentioned (please state)</td>
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**If you answered yes to any of the above questions, talk with your doctor BEFORE you become physically active. Tell your doctor of your intention to exercise and which questions you answered ‘yes’ to. If at any stage your health changes, resulting in a ‘yes’ answer to any of the above questions, please seek guidance from a GP.**

**Formal declaration**

I declare to the best of my knowledge I know of no reason why I should not participate in a personalised programme, exercise class or sparring session. I take part in any recommended programme, exercise class or sparring session entirely at my own risk and waive any legal recourse for damages or property arising from my participation.

**Signature:**

____________________________________

**Name:**

____________________________________

**Date:**

____________________________________