



# Fit to Begin Questionnaire

<b>Name:</b>		<b>D.O.B:</b>
<b>Address:</b>		<b>Contact in case of emergency Name:</b>
<b>Post Code:</b>		<b>Contact in case of emergency number:</b>
<b>Tel No:</b>		
<b>Email:</b>		

**Please tick (✓) if you have been diagnosed with any of the following:**

Heart Condition		Diabetes		Epilepsy	
Asthma		High Blood Pressure			

**Please tick (✓) if you have experienced any of the following:**

Joint Injury		Diabetes		Stroke	
Back Injury		Fainting / Dizziness		Arthritis	
Chest Pains		Are you pregnant or 6 weeks post natal?			

**Declaration:**

I understand that if I have ticked any of the grey boxes above I should seek medical advice before participating in the running group. I agree to tell my mentor if there is any change in my medical condition. I understand that this information will be shared with the group mentors and that I participate at my own risk.

Signed:.....

Date:.....



**Please detail any specific advice given by your Doctor in relation to exercise:**

.....  
.....

**Please detail any other relevant medical information:**

.....  
.....

**Do you consider yourself to have a disability? If so, please state:**

.....

**About You:**

On how many days have you done 30 minutes or more of physical activity in the past week?

0      1      2      3      4      5

**Age Range:**


15–24      25–34      35–44      45–54      55–64      65-74

**What length of time can you continuously run for? (in minutes)**

0      up to 5      up to 10      up to 15      up to 20      20 or more

**I have joined the Swindon Shin Splints to be able to complete:**

- a) Half Marathon
- b) 5-mile Multi-terrain
- c) 2-mile Fun Run
- d) Just for fun

 The information gathered on this form will be held securely by Swindon Borough Council, in accordance with the Data Protection Act 1998. The information will be used for sole purpose of your safe participation in the Swindon Shin Splints running group.