



MWFRA Premier League Fitness Test Medical Questionnaire

THE FOLLOWING QUESTIONS ARE AIMED AT ASSESSING YOUR DEGREE OF RISK FROM CORONARY HEART DISEASE:

1. Has your doctor told you that you suffer from high blood pressure?

NO		YES	
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2. Do you suffer from diabetes?

NO		YES	
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3. Do you smoke cigarettes or cigars?

NO		YES	
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4. Has your doctor told you that you have high cholesterol following a blood test?

NO		YES	
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5. Has anyone in your family suffered from a heart attack or stroke?

NO		YES	
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6. Has your doctor ever examined you for chest pain?

NO		YES	
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ANSWERING YES TO ANY OF THE ABOVE QUESTIONS SHOULD WARRANT AN ELECTROCARDIOGRAM, A BLOOD PRESSURE CHECK AND A MEDICAL REVIEW BY YOUR DOCTOR PRIOR TO THE FITNESS TEST.

Name: _____ Date of Birth: _____

Address: _____

Allergies: _____

Medication: _____

Next of Kin: _____ Contact No.: _____

I understand that participation in the fitness test is potentially hazardous and that I should not participate unless I am medically able and appropriately trained to do so. I understand that the MWFRA accepts no liability for any injury or illness sustained during the fitness test and that individuals taking part in the fitness test do so at their own risk.

Signature: _____ Date: _____

COMPLETED FORM TO BE SUBMITTED PRIOR TO ATTEMPTING THE MWFRA FITNESS TEST