University of BRISTOL

BRISTOL SU
the best student life

Sport

B:ACTIVE COMMUNITY EXERCISE HEALTH COMMITMENT STATEMENT

Please complete in **BLOCK CAPITALS**

Title: Forename(s): Surname:

Address:

Postcode: Date of Birth:

Email address:

Phone number: Emergency contact:

☐ We may need to tell your GP that you are attending the programme. Please tick here if you agree do this.

Practice Name: Practice phone number:

Please complete the health questionnaire on the reverse of this form.

☐ I have read and agreed to the Terms & Conditions and Rules of Use (www.bristol.ac.uk/sport/memberships)

Signed: Date:

☐ If you do not wish to receive further communications via email and text message about University of Bristol and Bristol SU | Sport events and activities and special offers please tick this box.

Please return this form to the reception desk at the Indoor Sports Centre, Swimming Pool or Coombe Dingle

Administration use only Start date of membership:

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Health questionnaire

Do you have any of the following? (tick all that apply)

	Yes	No	Year first diagnosed?	Notes
Angina	☐	☐		
Heart attack	☐	☐		
Stroke	☐	☐		
Diabetes	☐	☐		
Arthritis	☐	☐		
Osteoporosis	☐	☐		
Asthma	☐	☐		
Epilepsy	☐	☐		
High cholesterol	☐	☐		
High blood pressure	☐	☐		
Cancer	☐	☐		
Hernia	☐	☐		
Other	☐	☐		

	Yes	No	Notes
Do you ever have pains in your heart/ chest during exertion or at rest?	☐	☐	
Do you have a bone or joint problem that could be aggravated by exercise?	☐	☐	
Do you smoke?	☐	☐	
Are you on any medication that may affect your ability to exercise?	☐	☐	
Do you have any hearing problems?	☐	☐	
Is there any reason not mentioned that might affect your ability to exercise?	☐	☐	
When was your BP last measured?			BP: Date:

Signed: Date: