



TAEKWONDO CHUNG DO KWAN GREAT BRITAIN

MEDICAL QUESTIONNAIRE

Name: _____

Address: _____

Date of Birth: _____ Telephone _____

Occupation: _____

DO YOU OR HAVE YOU EVER SUFFERED FROM:

COMMENTS

DO YOU OR HAVE YOU EVER SUFFERED FROM:	COMMENTS
ASTHMA	YES / NO
ANY HEART DISEASE	YES / NO
DIABETES	YES / NO
EPILEPSY	YES / NO
HIGH BLOOD PRESSURE	YES / NO
MIGRAINE	YES / NO
CANCEROUS CONDITIONS	YES / NO
PSYCHOLOGICAL CONDITIONS	YES / NO
CIRCULATORY PROBLEMS	YES / NO
ALLERGIES	YES / NO

HAVE YOU RECENTLY HAD:

COMMENTS

HAVE YOU RECENTLY HAD:	COMMENTS
BONE FRACTURE	YES / NO
JOINT DISLOCATION	YES / NO
SURGERY	YES / NO
TORN MUSCLES	YES / NO
SPRAINS OR STRAINS	YES / NO

DO YOU CURRENTLY SUFFER FROM:

COMMENTS

DO YOU CURRENTLY SUFFER FROM:	COMMENTS
BACK OR NECK PAIN	YES / NO
PAIN IN ANY JOINT	YES / NO
RHEUMATISM OR ARTHRITIS	YES / NO

HAVE YOU TAKEN, OR CURRENTLY TAKING:

COMMENTS

HAVE YOU TAKEN, OR CURRENTLY TAKING:	COMMENTS
ANY MEDICATION (AT PRESENT)	YES / NO
HAVE YOU EVER TAKEN STEROIDS	YES / NO
ANTICOAGULANTS	YES / NO

DO YOU USE:

COMMENTS

DO YOU USE:	COMMENTS
GLASSES	YES / NO
CONTACT LENSES	YES / NO

IF THE ANSWER TO ANY OF THESE QUESTIONS IS YES, PLEASE PROVIDE BRIEF DETAILS

DECLARATION

The information on this form is true to the best of my knowledge and belief. I appreciate that participating in any form of physical exercise or sport carries inherent risks.

SIGNED:

(SIGNATURE OF PARENT / GUARDIAN IF APPLICANT IS UNDER 16 YEARS OF AGE)

NB: A FAILURE TO DISCLOSE MEDICAL CONDITIONS WILL, IF A CLAIM IS REQUIRED, RESULT IN THE CLAIM NOT BEING PAID.