



## Ware U3A Health Questionnaire

Name: \_\_\_\_\_ U3A No: \_\_\_\_\_

Address: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_ Date of birth: \_\_\_\_\_

GP's name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

Please circle any of the following, if you have had or do suffer from them:

Asthma / Rheumatic Fever / Angina / Diabetes / High Blood Pressure / Palpitations / Low blood pressure

Dizziness/fainting / Epilepsy / Heart disease / Migraines / Arthritis / Shortness of breath

Please provide details where applicable: \_\_\_\_\_

\_\_\_\_\_

Any other medical conditions: \_\_\_\_\_

Current Medication: \_\_\_\_\_

Have you ever had major surgery recently? If yes, please give details

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

Please list any recent or serious injuries: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that I participate in the Group activities at my own risk and that there is no U3A personal accident insurance. I agree to notify my Group Leader of any change in my medical condition.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_