



## Boxing Scotland Fit to Spar – Over 18's Physical Activity Readiness Questionnaire

\_\_\_\_\_ Boxing Club

### Reason for Joining the Boxing Club

I wish to register as a Recreational/fitness Member:(please tick)

I wish to register as a Boxer Member (please tick):

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

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

Town/City: \_\_\_\_\_ Post Code: \_\_\_\_\_

Email: \_\_\_\_\_

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

Person to contact in case of emergency: \_\_\_\_\_

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

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

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### Do you now, or have you had in the past (please circle as appropriate)

History of heart problems, chest pains or stroke within your family	Yes	No
Increased or low blood pressure	Yes	No
Advice from Doctor stating not to exercise	Yes	No
Surgery within the last 12 months	Yes	No
Pregnancy now or within the last 3 months	Yes	No
History of breathing or lung problems	Yes	No
Muscle, joint or back disorder or any previous injury affecting your ability	Yes	No
Diabetes or thyroid condition	Yes	No
Hernia or condition that may be aggravated by lifting weights	Yes	No
Severe chronic infections	Yes	No
Severe blood dyscrasias e.g. Sickle cell disease	Yes	No
History of Hepatitis B, Hepatitis C or HIV infection	Yes	No
Refractive and intraocular surgery, cataract, retinal detachment	Yes	No
Myopia of more than -5 diopters	Yes	No
Recorded visual acuity in each eye of:		
Uncorrected worse than 20/200 and corrected worse than 20/50	Yes	No

Exposed open infected skin lesions	Yes	No
Significant congenital or acquired cardiovascular, pulmonary or musculoskeletal deficiencies or abnormalities*	Yes	No
Unresolved post-concussion symptoms, which will need clearance from a neurologist	Yes	No
Significant psychiatric disturbances or drug abuse	Yes	No
Significant congenital or acquired intracranial mass lesions or bleeding	Yes	No
Any seizure activity within the last 3 years	Yes	No
Hepatomegaly, splenomegaly, ascites	Yes	No
Uncontrolled diabetes mellitus or uncontrolled thyroid disease	Yes	No
Any implantable device which can alter any physiologic process	Yes	No
Any recent injuries	Yes	No
Any other condition not previously mentioned (please state)	Yes	No

**If you answered yes to any of the above questions, talk with your doctor BEFORE you become physically active. Tell your doctor of your intention to exercise and which questions you answered 'yes' to. If at any stage your health changes, resulting in a 'yes' answer to any of the above questions, please seek guidance from a GP.**

#### **Formal declaration**

**I declare to the best of my knowledge I know of no reason why I should not participate in a personalised programme, exercise class or sparring session. I take part in any recommended programme, exercise class or sparring session entirely at my own risk and waive any legal recourse for damages or property arising from my participation.**

**Signature:**

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**Name:**

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**Date:**

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