

aboc

cycle coaching
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Medical History Declaration

Full Name : _____

Date of Birth : ___/___/___

Address : _____

email address : _____

Telephone (home) : _____

Telephone (Mobile) : _____

Medical Information

Do you have or have experienced any of the below :

Asthma : Y / N

Heart irregularities : Y / N

Any heart disease : Y / N

Any form of lung disease : Y / N

Any behavioural health, mental or psychological problems (including panic attacks etc) : Y / N

Recurring or significant knee or back pain or injury : Y / N

Recurring or significant joint or muscular pain : Y / N

Any major surgery : Y / N

Any major injuries : Y / N

Unusual shortness of breath after exercise : Y / N

Fainting or dizzy spells : Y / N

Epilepsy, siezures or convulsions : Y / N

Recurring headaches : Y / N

Diabetes : Y / N

Anemia or other blood disorders : Y / N

On prescription medication : Y / N

Use over the counter drugs : Y / N

Hernia : Y / N

Recreational drug use or treatment for, or alcoholism : Y / N

Vision or hearing impairment : Y / N

If you've answered yes to any of the above, please provide the details here , or continue over the page :

The information I have provided about my medical history is accurate to the best of my knowledge. I agree to accept responsibility for any ommisions regarding my failure to disclose any existing or past health conditions.

Signature : _____

date: ___/___/___

Signature of parent/guardian if under 18 : _____