**Earnse Bay Kitesurfing**

Confidential Medical Questionnaire

**Please answer all questions**

Do you suffer or have suffered from any of the following:-

|  |  |  |
| --- | --- | --- |
| Description | No | Yes, please give details |
| Heart Disease |  |  |
| Family history of heart disease |  |  |
| Chest complaints asthma/bronchitis |  |  |
| High blood pressure |  |  |
| Fainting/dizziness |  |  |
| Circulatory/blood problems |  |  |
| Epilepsy/seizures/fits |  |  |
| Major surgery |  |  |
| Do you regularly take prescribed drugs |  |  |
| Bone or joint injury |  |  |
| Do you take regular exercise |  |  |
| Do you smoke |  |  |
| Has your doctor ever advised you  Against exercise due to injury/illness |  |  |
| Do you have any other medical  conditions you feel we should know |  |  |

**Disclaimer**

I understand that whilst every care will be taken to give safe instruction, I accept full responsibility and consider myself fit to learn to kitesurf.

I have answered all questions correctly and to the best of my knowledge. All medical and health considerations are noted above.

Signed………………………………………………..

Print name……………………………………………

Date……………………………………………………

**Earnse Bay Kitesurfing**

Disclaimer and Medical form

|  |  |
| --- | --- |
| Surname |  |
| First name |  |
| Date of Birth |  |
| Address |  |
| Post code |  |
| Telephone number |  |
| Mobile number |  |
| Email address |  |
| In an emergency please contact |  |
| Name/telephone number |  |

I understand that by signing this form that I take responsibility for any injuries I may receive whilst learning to kitesurf and I do not hold the instructor Christopher Ainsbury responsible for any personal loss or injury.

Signed…………………………………….

Print name………………………………..

Date……………………………………….

Time……………………………………….