

# Swavesey Village College

## Health Form

Please complete prior to attending fitness classes

*Please Note:- Information provided will be kept confidential unless required by a medical practitioner. This information is useful for your tutor. However, it is your responsibility to decide upon your suitability for the class before and during the activity. It is also your responsibility to update this form if your medical condition changes. Stop activity immediately and inform your tutor if you feel unwell.*

Full name	
Phone Number	
Course Attending	
Emergency Contact	
Date of Birth	

Please tick if you have any of the following:

		Please list any medications:
Heart Problems		
Diabetes		
Breathing problems		
Epilepsy		
Hearing Problems		
Eyesight Problems		Please list any recent surgery:
Arthritis		
Allergies		
Dizziness		
Pregnant		

Please provide details of any other condition or information we should be aware of :

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Please complete and return this form to [community@swaveseyvc.co.uk](mailto:community@swaveseyvc.co.uk). Thank you.