

Health Questionnaire & Emergency Contact Details

(Private and confidential)



Welcome to Walkie Dogs. Before you join us for any walks, please complete this form so your Pack Leader knows your level of fitness and any specific health problems may you have.

Please print clearly and in block capitals. These walks are provided by Walkie Dogs across the UK. We are in partnership with various organisations across the UK and a full list can be found at www.walkiedogs.com.

All information contained in this form will contain sensitive and personal data once completed and will be handled and stored securely.

When complete, please scan or photograph the form and send as an attachment to an email to info@walkiedogs.com

Personal Details	
Title:	Full name:
Address:	
	Postcode:
Email address:	
Contact phone number:	
Date of birth:	
How would you describe your gender?:	<input type="checkbox"/> Prefer not to say
Ethnicity:	

Emergency Contact	
Emergency contact name:	
Relationship to you:	
Contact address:	
	Postcode:
Contact phone number:	

General Health

Whist the walks are at a leisurely pace, answering the following questions will allow us to determine your general health and the ability to complete the walks.

a. Are you a regular walker?

Yes No

b. In the past week, on how many days have you done a total of 30 minutes or more of physical activity, which was enough to raise your heart rate?

This may include sport, exercise and brisk walking or cycling for recreation, or to get to and from places, but should not include housework.

days

c. Approximately, how many hours per week do you walk?

hours

Health Screening

For most people, physical activity does not pose a hazard. The questions below have been designed to identify the small number of people who should seek medical advice before starting.

a. Has a **doctor** ever said you have a heart condition?

Yes No

b. **Do you feel pain in your chest** when you do physical activity?

Yes No

c. **Do you ever lose balance** because of dizziness or ever lose consciousness?

Yes No

d. **In the past month have you had pain in your chest** when you were NOT doing physical activity?

Yes No

e. **Do you have a bone or joint problem** that could be made worse by a change in your physical activity?

Yes No

I understand that if I have answered 'yes' to any of the previous Health Screening questions, I must seek medical advice before attending a walk. I agree to advise the walk leaders if there is a change in my medical condition.

I understand that I walk at my own risk.

Signed:

Date:

Thank you for completing this questionnaire.