



## **Health Declaration Form**

It is your responsibility to inform the instructor of limitations before class begins by completing fully the health declaration form and waiver that will be provided to you via the Ekam website or printed copy from a member of the Ekam team.

Please can you confirm the following information

**Your Contact Phone Number:**.....

**Emergency Contact Name:** .....

**Emergency Contact Number:** .....

Please can you confirm the following information (yes or no)

1. Have you ever been diagnosed with a heart condition?
2. Have you ever been recommended to only undertake medically supervised activity?
3. Do you feel pain in your chest at rest or when doing physical activity?
4. Do you suffer from epilepsy?
5. Have you ever been diagnosed with high blood pressure?
6. Do you have joint problems which may be made worse with exercise?
7. Do you ever lose consciousness or control of your balance due to dizziness?
8. Are you pregnant or have you given birth within the last 3 months?
9. Is there any other reason that exercise or activity may not be suitable for you?
10. Are you over 18 years of age?
11. Do you have any symptoms or have you been diagnosed with Covid-19?

Please leave any further relevant information below

**Name:** .....

**Date of Birth:** .....

**Email:** .....

**Signature:** .....

**Date:** .....