

INITIAL HEALTH SCREENING

It is essential that a student's health is screened PRIOR to any martial arts training

STUDENT'S NAME	
STUDENT'S ADDRESS & POSTCODE	
STUDENT'S BIRTHDATE:	
FAMILY DOCTOR:	
CONTACT TELEPHONE NUMBER: <small>(where someone can be reached while student is in the class)</small>	
DOES STUDENT SUFFER FROM: <small>(Please give details if YES)</small>	
ASTHMA/RESPIRATORY CONDITION	
DIABETES	
EPILEPSY	
HEART CONDITION	
HAEMOPHILLIA/ BLOOD CONDITION	
BACK/JOINT CONDITION	
DYSLEXIA	
DYSPRAXIA/COORDINATION DIFFERENCES	
ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)	
CONDITION RELATED TO NERVOUS SYSTEM	
AUTISM/ASPERGER'S SYNDROME	
SIGHT/HEARING DIFFERENCES	
OTHER (Please give full details)	
<i>I have completed this form to the best of my knowledge, and I will inform you should the health of the student alter at any time.</i>	Signature: (Parent/Guardian if under 18) Date: