**Glenorchy Rowing Club**

**Fitness Assessment Checklist**

Family name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Given name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_

The purpose of this assessment sheet is to identify whether you need to seek advice from your G.P. before you begin rowing. **Please be truthful when answering the questions, as it is important to check out any possible risk to your health and safety before you start.**

1. Has your doctor ever said you have heart trouble? Yes/No
2. Have you ever suffered from a stroke? Yes/No
3. Do you frequently have pains in the chest or heart region? Yes/No
4. Are you significantly under or overweight? Yes/No
5. Do you often feel faint or have severe dizzy spells? Yes/No
6. Has your doctor ever told you that your blood pressure is too high or too low? Yes/No
7. Have you ever had a fit? Yes/No
8. Do you have a bone or joint problem (eg Arthritis)? Yes/No
9. Do you have an old or re-occurring injury? Yes/No
10. Do you have chronic or acute illness? Yes/No
11. Do you have any other medical or health condition? Yes/No
12. Do you take medication? Yes/No
13. Do you give permission for the Club to pass on any information to coaches

and officials? Yes/No

If you answered yes to any of these questions (except question 13) it is important for you to talk to your G.P. before you start rowing. Your doctor will be able to decide if there are any medical reasons why you should not take part in this activity.

*I the undersigned have read and answered the above questions to the best of my ability. If I answered yes to any question (except question 12) I agree not to row until I have consulted my G.P to ensure it is safe for me to begin.*

Signed: Date: