

**General Health Questionnaire**

Name:

Email:

Contact Number:

Emergency Contact Name:

Number:

*Please Note - It is important that we have the number of someone to contact if you need them during class.*

Occupation:

Date of Birth:

What is your main reason for coming to class?

How did you first hear about The Rocci Tree?

Do any of the following health conditions apply to you? *(If* ***Yes****, please give details)*

High/Low Blood Pressure

Heart Disease/problems

Epilepsy

Diabetes

Back/Neck problems

Knee/Ankle problems

Arthritis/joint problems

Asthma/Breathing difficulties

Recent/on-going dental work

Cancer

Eye condition/Hearing problems

Emotional/Psychological problems

Depression/Anxiety

Recent Operations

Recent Broken Bones/Fractures/Sprains

Pregnancy/Recent Pregnancy (last 9 months)

Covid-19 – Have you suffered from any lasting effects from a Covid infection or suffered with long Covid? *(If* ***Yes****, please give details)*

If there is any other information your teacher needs to know, please write it here:

DECLARATION

I take full responsibility for my health during The Rocci Tree classes, including any injuries.

It is my responsibility to inform my teacher of any medical changes.

I understand that my email address is used to create my Momence account for The Rocci Tree so that I am able to receive details of class bookings, cancellations, purchase receipts and newsletters.

Please contact us if you would like more information about how we will contact you.

Signed:

Date: