



ACWW WOMEN WALK THE WORLD - HEALTH QUESTIONNAIRE 2019

For most people, physical activity should not pose any problem.

For insurance purposes it is vital that each walker completes this questionnaire before setting off on their respective walks.

1. Have you been diagnosed by your doctor or health professional with any of the following medical conditions?
Heart disease Yes / No
High blood pressure Yes / No
Asthma Yes / No
COPD (emphysema and chronic bronchitis) Yes / No
Diabetes Yes / No
2. Do you feel pain in your chest when you are physically active? Yes / No
3. In the past month have you had chest pain when you were not physically active? Yes / No
4. Do you lose your balance because of dizziness or have you ever lost consciousness? Yes / No
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity level? Yes / No
6. Do you have a long-standing (i.e. for more than 12 months and likely to continue) illness or disability that affects, or limits, your day-to-day activities?
Yes / No / P refer not to say

DECLARATION

- **I understand that if I answered 'Yes' to one or more of the above questions, I should seek medical advice before participating in any walk**
- **If my condition changes before the commencement of the walk, it is my responsibility to tell the walk leaders**
- **I am walking at my own risk**

Signed

Date

Full name
(BLOCK CAPITALS)

Institute

EMERGENCY CONTACT DETAILS

Please provide the name and telephone number of someone who can be contacted in the event of an emergency.

Name

Relationship

Telephone number