

**Learning Disability Fun Day Physical activity Readiness Questionnaire**

**As part of the Learning DIability Fun Day players will be taking part in a number of low / moderate level physical activities and a mixture of both individual and team-based. While all activities are managed and controlled by the coaches leading the event, and are pitched at a suitable level for the group, we cannot be fully responsible for the physical health of the players taking part. As is the nature of some physical games the intensity of the activities will be variable and players participation is completely limited by them / their carers. This said, we do make every effort to ensure that all players are included, and that the level of activity is not deemed as too strenuous that it would put anyone off attending. Care has been taken to plan activities that are fully inclusive for people with learning difficulties and other associated disabilities and behaviour.**

**With this in mind please take the time to have a look over the questionnaire below and ensure that you are happy that your players are of a suitable level of physical wellness / fitness to take part.**

**Name of participant………………………………………………………………Age…………………………………………….**

**Address………………………………………………………………………………………………………………………………..**

**Emergency Contact Name:………………………………….Relationship:……………………………Phone:………………**

1. Have you had any operations or illnesses in the past 5 years ? Yes / No

If Yes give detail …………………………………………………………………………………………………………………...…… …………………………………………………………………………………………………………….…………………………..……………………………………………………………………………………………………………………………………………...……

2. Are you taking any medication ? Yes / No

If Yes give details………………………………………………………………………………………………………………………… …………………………………………………………………………………………………………………………………………...………………………………………………………………………………………………………………………………………………..

3. Are you pregnant / post natal ? Yes / No

4. Do you presently have any injuries or any in the past 5 years Yes / No

If Yes give details……………………………………………………………………………………………………………………….. ……………………………………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………………………………..

5. Do you presently or have you ever suffered any back injury ? Yes / No

If Yes give details……………………………………………………………………………………………………………………..... ……………………………………………………….…………………………………………………………………………………………………………………………………………….……………………………………………………………………………………

6. Are you under medical supervision presently for any issue ? Yes / No

If Yes give details………………………………………………………………………………………………………………………… …………………………………………………………………………………………………………………………………………...……………………………………………………………………………………………………………………………………………..….

7.Do you have Epilepsy? Yes / No

If Yes give details. Is it controlled or uncontrolled?.……………………………………………………………………………..…… ………………………………………………………………………………………………………………………………………….…..……………………………………………………………………………………………………………………………………………...

8. Do you have Diabetes ? Yes / No

If Yes give details? Controlled/uncontrolled? Tablets or Injections?………………………………………………………………. ……………………………………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………………………………..

9. Do you suffer from heart problems, High Blood Pressure Yes / No

If Yes give details?.................................................................................................................................................................

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10. Do you suffer from asthma or any other lung or breathing issue Yes / No

If Yes give details?.................................................................................................................................................................

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11. Do you know of any reason why you should not participate in Yes / No

regular physical exercise ?.....................................................................................................................................................

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I undertake physical activity knowing the potential risks and am aware I can ask questions of the organisers at any time. I have answered the questions above honestly and will inform the organising team if there are any changes to my health or well being as soon as possible.

NAME: ……………………………………………… CARER / GUARDIAN………………………………….………………….

SIGNED: …………………………………………….. SIGNED…………………………………………DATE……………………

DATE: ………………………………………………… POSITION / RELATIONSHIP…………………………………………….