



WEWALK

Health Declaration for People requesting to Join a Walking Group

Name: _____ ID: _____ Age: _____

Please read the following questions thoroughly, and follow the instructions:

- A. If the answer to one or more of the questions in part one of this questionnaire is positive, then, in order to be accepted to the group, you must provide a medical certificate from a doctor who confirms that your health is not endangered by participating in a walking group. We will only accept such a certificate if presented within three months of date of issue.
- B. If all the answers to the questions in part one of this questionnaire are negative – complete the declaration in part two of this questionnaire and sign it.
- C. In any event of change in your medical condition, you must consult with a doctor concerning future participation in the group.

Part One: Medical Questionnaire

(The questionnaire is phrased in the masculine gender for the sake of convenience, but applies to women also)

Question	Yes	No
1. Has your physician advised you that you suffer from a chronic heart condition?		
2. Do you feel pains in your chest -		
A. While resting?		
B. During regular day-to-day activity?		
C. During exercise?		
3. Have you during the last year-		
A. Lost your balance as a result of dizziness? Write no – if the dizziness is a result of hyperventilation (including during vigorous exercise)		
B. Lost consciousness?		
4. Has your physician diagnosed asthma, and as a result in the last three months-		
A. You have required medicine?		
B. You have suffered from shortness of breath, or wheezing?		
5. Has a close relative died -		
A. From heart disease?		
B. From sudden death at an early age? (For men before 55, women before 65)?		
6. Do you suffer from any long-term/chronic condition, which is not mentioned in the previous		
7. For pregnant women: Has this, or any previous, pregnancy been diagnosed as high risk		

Part Two: Declaration

I, the undersigned, hereby declare that I have read and understood the medical questionnaire in Part One, and that all the answers to all the questions are negative: I declare that I have given full and correct information about my past and present medical condition, in the questions that I was asked in the above questionnaire.

I am aware that two years after signing this medical declaration, I shall be required to produce a new health declaration.

Name : _____ Signature: _____ Date: _____

*The health advantages of regular walking are clear: It is important that more people walk every day. Walking is very safe for most people, and this questionnaire clarifies for you in which situations you should consult with a physician and bring a medical certificate before beginning take part in the walking group.

We must stress that it is advisable to undertake walking gradually, and after instruction, especially if you are aged over 60 and you intend to undertake efforts to which you are not accustomed.