



Confidential

TAKUMI KARATE DO - Health Check Form

This form **must** be completed *prior* to training at the first session

Name: _____

Date of Birth: _____

Address: _____

Email Address: _____

Phone (home): _____

Phone (mobile): _____

Next of Kin (emergencies only) _____ **Relationship** _____

Phone: _____

It is essential that we have an up to date record of any injuries of health problems you may have suffered. Please indicate on the form below. This will not necessarily prevent training.

Please record whether you suffer, could be suffering or have ever suffered from:

EPILEPSY	Yes / No	ASTHMA	Yes / No
BACK PROBLEMS/INJURY	Yes / No	DIABETES	Yes / No
HEAD INJURY	Yes / No	BLEEDING DISORDER	Yes / No
WEAK JOINT / JOINT INJURY	Yes / No	BREATHING DIFFICULTY	Yes / No
INFECTIOUS DISEASE	Yes / No	PREGNANT	Yes / No
ANY OTHER CONDITION	Yes / No		

If you have answered YES to any of the above please give full details, together with details of medication or surgery

We need to know whether you have anything in your past that would indicate that training is not suited. We regularly carry out checks with the Police on prospective members. Under the rehabilitation of offenders act, this does not necessarily preclude you from training.

Do you have a criminal record Yes / No

If **yes**: Were you convicted of a crime of a violent nature, a crime against women or children, or possession of an illegal weapon or substance? Yes / No

Do you object to us carrying out a background check on you Yes / No

Signature: _____

Date: _____