

ABLEBODYNESS
MEDICAL SCREENING QUESTIONNAIRE
And LEGAL DISCLAIMER

Surname.....Christian Name.....Title.....Dob.....
 Ph Nbrs (H).....(W).....(Mob).....
 Address.....

List any major operations, injuries, and hospitalisation.....

Current weight.....kg Height.....cm BMI.....
 Are you currently on any Medication? (If yes, what type)?

If you have been told, or consulted a physician for one of the following, please tick:

Heart Disease	Diabetes	Rheumatic Fever
High Cholesterol	Epilepsy	Angina
High Blood Pressure	Cancer	Arthritis
Stroke	Menstrual Disorder	Chest Pain
Migraine	Pneumonia	Chronic Headaches
Asthma	Joint Problems	Bronchitis

Any other health problems?.....

Your Doctor's Name.....Phone Number.....

Person to contact in case of Emergency.....Tel.....
Relationship to you.....

I (print name).....declare that the information, given is true and correct, and if necessary give permission for Les McHenry or one of his employees (Ablebodyness), of 4 Turnbull Dve, Tolga Qld, to contact my Doctor or hospital in the event of a mishap to discuss further information or seek further assistance.
 Signature.....Date.....

ASSUMPTION OF RISK

By signing this release form, I agree to release and hold harmless, Les McHenry (Ablebodyness) or one of his employees for any damage, injuries, physical or mental, which I might incur as a result of my voluntary decision to participate in activities of a physical nature.
 I recognise that there is an element of risk in engaging in physical activities and certify that I am fully fit and capable of participating in these activities.

I assume full responsibility for the following things incurred or suffered by me:

- a) Bodily harm b) Death c) Loss or damage to personal property, and
- d) Expenses relating to any of the above.

I acknowledge that I have been given the opportunity to ask questions regarding any aspect of this release form and by signing in the space provided do acknowledge that I have read completely and fully understand all aspects of this release and agree to its terms in their entirety.

Name.....Signature.....
 Address.....

Witness Signature.....Name.....Date.....