



Health Declaration form 2025-2026

Full name:

(Please print)

For the safety of yourself and others in the training session today, it is necessary to know if you have any physical or medical problem that may affect your ability to participate in the training today.

Your answers will allow the trainer to make all reasonable adjustments to ensure that you are able to participate fully in the training.

All of your answers that you give will be kept in the strictest of confidence, and held in full compliance with the GDPR, 2018.

	YES	NO	If yes, please give brief details
Do you have any injuries at the present time that may prevent you from participating in the training?			
Have you had any recent operations that may affect your ability to partake in the training?			
Are you or might you be pregnant?			

DECLARATION:

I declare that the information I have given on this form is correct, and agree to participate in the safe and supervised learning activities.

SIGNATURE: _____ DATE: ____ / ____ / ____