Medical Screening Questionnaire

Ards CryoSpa
For Sport. For Life.

Customer Details

Name:	D.O.B.:
Address:	
	Postcode:
Mobile: Landline:	
Email:	

Assessing your Health Please put a tick against any of the conditions that apply to you.

History

I have had:	Yes	No
A heart attack		
Heart surgery		
Cardiac catheterization		
Coronary Angioplasty		
Pacemaker/implantable cardiac defibrillator/rhythm disturbance		
Heart valve disease		
Heart failure		
Heart transplantation		
Congenital heart disease		

Symptoms

	Yes	No
I experience chest discomfort with exercise		
I experience unreasonable breathlessness		
I experience dizziness, fainting, blackouts		
I take heart medications		

Other Health Issues

	Yes	No
I have diabetes		
I have asthma or other lung disease		
I have Peripheral vascular disease (PVD) or burning/cramping in my lower legs when walking short distances		
I am pregnant		
I have epilepsy		
I have a chlorine allergy		
I have Raynauds disease		
I have Cryoglobinaemia or other cold allergy		

If you marked any of the statements in this section, you must consult your doctor or appropriate healthcare provider before undertaking a Cryospa session.

Cardiovascular risk factors	Yes	No
I am a man older than 45 years		
I am a woman over 55 years, I have had a hysterectomy		
I smoke or quit within the last 6 months		
My BP is greater than 140/90 / I don't know my BP		
I take BP medication		
My blood cholesterol level is greater than 200 mg/dL / I don't know my cholesterol level		
I have a close blood relative who had a heart attack before the age of 55 (father/brother) or 65 (mother/sister)		
I am physically inactive		

If you marked 2 or more of the statements in this section, you must consult your doctor or appropriate healthcare provider before undertaking a Cryospa session.

Contraindications Checklist	Yes	No
Skin allergy		
Broken skin / open wound		
Abnormal / altered skin sensation		

If you have a temporary minor illness such as a sore throat, cold, flu etc. you should postpone your Cryospa session and rebook for another date.

Using your Personal Information

The Council takes your right to personal privacy seriously. Your personal information will be used for the purposes of managing your booking.

The Council will hold the information for a period of 3 years from the conclusion of a booking.

If you have data protection queries please contact the Council's Data Protection Officer at dataprotection@ardsandnorthdown.gov.uk or visit the Council's website at www.ardsandnorthdown.gov.uk/privacy-and-cookies

Our centres may send you information about activities and promotions.
Please tick the box to confirm that you are happy to receive such information. ☐

I confirm that the answers on this form, at today's date, are correct to the best of my knowledge and belief.

I undertake to notify Londonderry Park staff of any changes to the information given on this form, when booking future Cryospa sessions.

Signature: _____ Date: _____

Relationship to applicant if signing for an under 18 _____

If the applicant is under 18, this form must be signed by a parent or guardian.