

**RYA HEALTH STATUS QUESTIONNAIRE**



<b>Sailor Name:</b>				<b>Class:</b>	
<b>Date of Birth:</b>			<b>Gender:</b>		<b>Date completed:</b>
<b>Address:</b>					
<b>Postcode:</b>		<b>Sailor Mobile:</b>			
<b>Email:</b>	<b>Sailor:</b>			<b>Parent (if under 18):</b>	
<b>Emergency Contact</b>			<b>Alternative Emergency Contact</b>		
<b>Name:</b>					
<b>Relationship:</b>					
<b>Tel Home:</b>					
<b>Tel Work:</b>					
<b>Mobile:</b>					
<b>Doctor Name:</b>					
<b>Doctor Address:</b>				<b>Doctor Tel:</b>	
<b>Vaccinations:</b>			<b>Date (month &amp; year of vaccination):</b>		
<b>Diphtheria, tetanus, Pertussis (whooping cough):</b>					
<b>Tetanus boosters:</b>					
<b>Measles, Mumps, Rubella (MMR):</b>					
<b>Polio:</b>					
<b>Hepatitis A:</b>					
<b>Hepatitis B:</b>					
<b>Meningitis C:</b>					
<b>Pneumococcus:</b>					
<b>Tuberculosis (BCG):</b>					
<b>Others e.g. Typhoid, Yellow Fever etc.:</b>					

<b>Has anyone in your family under 60 suffered heart disease, stroke, raised cholesterol or sudden death?</b>		
<b>Are you suffering from any form of illness or injury or have you done so in the last 4 weeks?</b>		
<b>Are you on any prescribed medication and/or have you taken any medication today?</b>		
<b>Have you ever had, or do you have?</b>		
<b>Asthma</b>		<b>Rheumatic fever</b>
<b>Cramps</b>		<b>Dizziness or fainting</b>
<b>Muscular or joint pain</b>		<b>Hernia</b>
<b>Liver or kidney condition</b>		<b>Palpitations or pains in the chest before or during exercise</b>
<b>Allergies</b>		<b>Any heart condition</b>
<b>Stroke</b>		<b>High blood pressure</b>
<b>Diabetes</b>		<b>Blood disorder (e.g. Haemophilia, Hepatitis, HIV/AIDS, Anaemia)</b>
<b>CNS disorder (e.g. epilepsy)</b>		<b>Raised cholesterol/triglycerides</b>
<b>Glandular fever</b>		<b>Do you smoke?</b>

<b>Other illness or disability</b>	
<b>If YES in any above, please provide details:</b>	
<b>Are there any other conditions that require you to modify your exercise/sailing programme?</b>	
<b>Are you taking any medication at the moment, if so please specify:</b>	
<b>Are you suffering/recovering from any injuries which may affect your involvement within the programme?</b>	
<b>Do you have any food allergies?</b>	

**Disability specific questions:**

<b>Disability diagnosis</b>
<b>How this effects your functionality on a day to day basis (e.g. my walking is a bit slower/I use a wheelchair).</b>
<b>How this effects your sailing (e.g. I have a modified tiller extension, I need help getting in and out of the boat).</b>
<b>Medications taken specifically for your disability.</b>
<b>National classification (if you have one).</b>
<b>Contact details of significant other medical/support services outside of the RYA (e.g. other medical consultants, prosthetist).</b>

The information provided above will be shared with the Sports Science & Sport Medicine team and appropriate/relevant members of the coaching/support team. The information is shared purely to enable the coaches and Sports Science & Sport Medicine team to provide the best possible service for each sailor.



By signing below you agree for this information to be shared with such persons. You also confirm that the information is true and accurate to your best knowledge and belief, and that you will notify the relevant Administrator or Sport Science & Sport Medicine team if any details change via emails listed below:

Paralympic Pathway [Paralympicpathway@rya.org.uk](mailto:Paralympicpathway@rya.org.uk)  
Youth & Junior Squad [youthracing@rya.org.uk](mailto:youthracing@rya.org.uk)

\_\_\_\_\_  
**Signed** (if under 18 years, by parent/guardian)

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print name**