



Please ask for: Sue Bennett and Chris Nightingale
Telephone: 01604 237119
Academic Year: 2010/11

Northamptonshire County Council

Please complete the form and take it to your first session

To all Learners enrolled on Complementary Health Courses

Dear Sir/Madam,

Thank you for enrolling onto one of our Adult Learning Courses due to commence over the next few weeks. Due to the nature of the course you have chosen, it is necessary for you to complete a Health Screening Form, the reasons for this are as follows:

1. Your tutor needs to be aware of the general level of health and fitness within the class.
2. Your tutor will use the information to plan sessions accordingly, making allowance for any alternatives or adaptations.
3. The form asks you to declare that, if necessary, you have checked with your GP that you can participate in your chosen activity.
4. If you are epileptic or suffer from seizures it is advisable that you make the tutor aware of any significant signs or symptoms. You can add this information to the form.

Please complete the form and take it to your first session; your tutor will keep your form in their course folder which accompanies them to all of the course sessions. You will not be able to take part in the session unless it is completed and handed to your tutor. This is a Health and Safety requirement and protects you and the tutor.

Kind Regards

Chris Nightingale
Curriculum Co-ordinator

Adult Learning Service Medical Consent Form Complementary Health Readiness Questionnaire

Please complete the attached and take it to your first session.
Please inform your tutor of any changes, as this may affect your progress through the course.

THE INFORMATION YOU GIVE IS CONFIDENTIAL

Name: _____ **Date of Birth:** _____
Address: _____ **Tel no (day):** _____
 _____ **Tel no (eve):** _____
Course title: _____ **Start date:** _____
Venue: _____

Medical History (operations and illnesses): 	Dates:
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Are you under medical supervision? Yes No If answering 'yes' please give details below

Please tick anything listed below that applies to you

- | | | |
|---|---|------------------------------|
| Heart problems* [] | Pacemaker* [] | Lack of skin sensitivity [] |
| Epilepsy* [] | Athletes foot [] | Oedema/swelling [] |
| Diabetes* [] | Verruca [] | Joint/bone problems [] |
| Arthritis/rheumatism [] | Hypersensitive skin [] | Tension/headaches [] |
| Asthma/hay fever [] | Prickly heat [] | Cellulite [] |
| Fainting [] | Cold sores [] | Weight problems [] |
| Metal pins/plates [] | Allergies [] | Dietary disorder [] |
| Pregnancy [] | High/low blood pressure* [] | Smoker [] |
| Circulatory problems [] | Varicose veins [] | Alcohol [] |
| Skin disorders (e.g. eczema, psoriasis) [] | Botox injections (please speak to your specialist if within last 3 weeks) [] | |

*** You are advised to check with a medical practitioner before starting the course if one of these conditions is ticked. Have you consulted your doctor?** Yes No

Please give details of any conditions you have that might affect you receiving a massage whilst on the course.

Therapies - The effectiveness of therapies can vary from individual to individual. Occasionally people may have unexpected reactions. Contra-indications will be discussed fully throughout the session and learners given the opportunity to decline the practical experience. Northamptonshire County Council (NCC) accepts no responsibility for the effect of therapies received whilst participating in NCC courses. Should you wish to practise therapies with your friends and family in your own time, you do so at your own risk.

To the best of my knowledge the above information is correct.

Learner signature: _____ **Date:** _____
Tutor signature: _____ **Date:** _____