

Regency Leisure Club & Spa

A FUSION OF HEALTH, FITNESS & RELAXATION



Medical Questionnaire:

Do you suffer from any of the following?

	YES	NO
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Angina	<input type="checkbox"/>	<input type="checkbox"/>
Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
Back Problems	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Heart Conditions	<input type="checkbox"/>	<input type="checkbox"/>
Other medical conditions	<input type="checkbox"/>	<input type="checkbox"/>

If you have any other medical condition not listed above please ensure that you inform us.

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Signed.....Date:



Regency Leisure Club & Spa, Swords Road, Dublin 9 • TEL: (01) 8522222

• WEBSITE: www.regencyleisureclub.com • EMAIL: regencyleisureclub@regencyhotels.com