



Health Screening Form

For Your Safety: Please answer the following questions. All information will be treated in the strictest confidence and will only be used to provide a safe and effective exercise class – programme for you. Please check with your doctor or specialist before exercising.

Name: _____ Date of birth: _____

Address: _____

Mobile No. _____ Home No. _____ E-mail: _____

- **Do you now or have you had in the past 12 months (Please tick)?**

	Y	N		Y	N
History of heart problems:	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	<input type="checkbox"/>
History of heart problems in immediate family	<input type="checkbox"/>	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	<input type="checkbox"/>
History of lung problems:	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness	<input type="checkbox"/>	<input type="checkbox"/>
High/Low Blood Pressure:	<input type="checkbox"/>	<input type="checkbox"/>	Chronic Illness	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes:	<input type="checkbox"/>	<input type="checkbox"/>	Back Issues	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy:	<input type="checkbox"/>	<input type="checkbox"/>	Asthma / respiratory issues	<input type="checkbox"/>	<input type="checkbox"/>

- **Are you pregnant or post natal (do you have a baby under 6 months old)?** Y N
If yes please state: _____

- **Have you had a recent operation / injury / chronic illness?** Y N
If yes please state: _____

- **Do you have a history of joint, ligament or muscle damage, limited movements in any joints?** Y N
If yes please state: _____

- **Are you taking any drugs or medication? If yes please state:** _____ Y N

- **Are you accustomed to physical exercise?** Y N
If yes please state: (Types of exercise, duration and times per week/ month)
(Past) _____ times per week
(Present) _____ times per week

- **Do you smoke? If yes how many per day?** _____ Y N

- **Have you previously been asked not to partake in physical exercise by a physician?** Y N
If yes please state: _____

- **Please state any illness/injury you have suffered or presently suffering, if not asked above:**

- **How long did you commute (drive, cycle, walk) to this fitness and exercise class (please express in minutes or miles/kilometres)?**

- **How did you find out about this course – please mark or circle?**
Studio itself ___ Internet ___ Flyer ___ Venue Ad ___ Shop Ad ___ Magazine ___ News Paper ___ A Friend ___

Informed Consent:

I am aware that I must inform the instructor of any health issues or problems that may arise in the future. I declare to the best of my knowledge that the information given above is correct and I know of no reason why I should not participate in the exercise programme.

I hereby declare that I intent to take part in an exercise programme / class and I'm aware that there is a risk of heart attack, light headedness, fainting, cramps, muscle or joint injury with all types of exercise. I assume full responsibility during and after my participation in any exercise programme / class. I understand and acknowledge that the training class I am participating in is not responsible whatsoever for an injuries during or after participation in any exercise programme / class. In consideration of my participation in the program, I release Fitnecise Coaching – the instructor from any claims, demands and causes of action as a result of my voluntary participation and enrolment.

I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTOOD THE ABOVE STATEMENTS AND AGREE TO THE CONTENTS OF THIS INFORMED AGREEMENT.

If you want to receive information either via text message, e-mails, post about upcoming Fitness classes, a bi-monthly, Fitness & Health Website Newsletter, fitness & exercise classes and other fitness, sport and health related services tick the following box:

Signed: _____ Date: _____