



PRE-EXERCISE/LIFESTYLE SCREENING QUESTIONNAIRE

Please take a few minutes to answer the following questions.

Name: _____ DOB: __/__/__ Age: ____ Sex: M / F
Contact Ph: _____ Email: _____
Emergency Contact Name: _____ Ph: _____

Part A: Medical Considerations

It is my professional duty of care to ask all participants, no matter what age, to complete the following questions. Simply place a ✓ to indicate Yes.

- Has a family member, under 60, suffered from a heart disease, stroke, raised cholesterol or sudden death?
- Are you a male over 35 or female over 45 and NOT used to regular vigorous exercise?.....
- Are you on any prescribed medication?.....
- Have you been hospitalised recently?.....
- Are you pregnant?.....
- Have you given birth in the last six weeks?.....
- Do you have any infections or infectious diseases?.....

Do you have or have you had:

- | | | |
|-----------------------------------|--|---|
| Gout <input type="checkbox"/> | Glandular Fever <input type="checkbox"/> | Any heart condition <input type="checkbox"/> |
| Stroke <input type="checkbox"/> | Rheumatic Fever <input type="checkbox"/> | Heart Murmur <input type="checkbox"/> |
| Diabetes <input type="checkbox"/> | Dizziness or Fainting <input type="checkbox"/> | High Blood Pressure (over 140/90) <input type="checkbox"/> |
| Epilepsy <input type="checkbox"/> | Stomach/Duodenal Ulcer <input type="checkbox"/> | Palpitations or pains in the chest <input type="checkbox"/> |
| Hernia <input type="checkbox"/> | Liver or Kidney Condition <input type="checkbox"/> | Raised Cholesterol/Triglycerides <input type="checkbox"/> |
| Asthma <input type="checkbox"/> | Arthritis <input type="checkbox"/> | Muscular Pain <input type="checkbox"/> |
| Cramps <input type="checkbox"/> | | |

Do you have any Pain or Major Injuries in the following areas:

- Neck
- Knees
- Back
- Ankles

Please give details of any conditions: _____

If you have ticked any of the above, you need a signed medical clearance from your doctor before starting exercise.

Doctors clearance: _____ **Date:** __/__/__

Or

I warrant that I am physically and mentally well enough to proceed with usage of the facility.

Clients self clearance of the above conditions: _____ **Date:** __/__/__

Part B: Lifestyle and current exercise habits

Are you currently exercising regularly? Yes No

• If yes, please give details below:

• Type of exercise:

• Frequency of exercise(times per week):

1 2 – 3 3 – 4 5+

• Perceived intensity when exercising:

Hard Medium Light V Light

Do you smoke? Yes No

• If yes, how many per day?

1 – 5 6 – 10 11 – 15 16 – 20 21 – 25 25+

Are you allergic to anything? _____

Part C: What do you hope to achieve

- To reduce body fat
- To improve cardiovascular endurance (heart/lung fitness)
- To gain overall fitness
- To generally tone up
- To gain strength and power
- Other _____

Additional information: _____

Please read the following exercise advice carefully.

Ask any staff member to guide you into the most suitable class or program. Work at a low level of intensity on your first visit and concentrate on learning to do the exercises properly. On each visit you will be able to work a little harder. Be sure to limit yourself to a pace where you can still talk comfortably. Should you suffer an injury, illness or conditions in the future please tell us by completing this form again.

It is recommended that all males over 35 and females over 45 should have a medical assessment including an exercise ECG and cholesterol/lipid count.

Statement

I recognize that the instructor is not able to provide me with medical advice with regard to my fitness, and that this information is used as a guideline to the limitations of my ability to exercise. I have answered the questions to the best of my ability and understand the advice above.

Signed: _____ Date: __/__/__

WHERE PARTICIPANT IS UNDER 18 YEARS OF AGE

I _____ being the parent or guardian of the person named in this acknowledgment and release, **HERBY ACKNOWLEDGE AND AGREE:**

- I have read the whole document and understand it.
- I consent to the person named in this acknowledgement and release participating in the activity and
- I am aware of the risks, dangers and obligations set out in this Acknowledgement and Release.

In CONSIDERATION of the person named in this Acknowledgement and Release being accepted to participate in the activity **I AGREE TO RELEASE AND INDEMNIFY** the Fitness Trainer in the same manner and to the same effect as if I were the person first named in this Acknowledgement and Release.

SIGNATURE OF PARENT/GAURDIAN: _____ DATE: __/__/__