

PRE-EXERCISE QUESTIONNAIRE

Please answer the questions below as accurately as you can. Thank you.

Name: _____ Age: _____ Sex: _____

Address: _____

_____ Post Code: _____

Email: _____

Your details will be added to our database and used to contact you (under 18's information will only be held if this form is signed by a Parent/Guardian). We will use this information to keep you up to date with the classes being run.

If you **do not** wish to receive this information please tick here

Occupation: _____ Phone (h) : _____ (M): _____

Contact in case of accident: _____ Phone: _____

		YES	NO
1	Have you ever suffered from heart disease, high blood pressure or any other cardio-vascular problem?	<input type="checkbox"/>	<input type="checkbox"/>
2	Is there any history of heart disease in anyone in your family under age 50?	<input type="checkbox"/>	<input type="checkbox"/>
3	Have you ever had chest pains?	<input type="checkbox"/>	<input type="checkbox"/>
4	Do you ever feel faint or have spells of dizziness?	<input type="checkbox"/>	<input type="checkbox"/>
5	Have you any medical condition, which you think might interfere with your participation in any exercise programme? If yes, give details	<input type="checkbox"/>	<input type="checkbox"/>
6	Are you taking any medication at the moment? If yes, what	<input type="checkbox"/>	<input type="checkbox"/>
7	Are you recovering from a recent illness or operation?	<input type="checkbox"/>	<input type="checkbox"/>
8	Do you have any injuries, which you think may limit your ability to exercise?	<input type="checkbox"/>	<input type="checkbox"/>
9	Are you pregnant or have you had a baby in the last 6 months?	<input type="checkbox"/>	<input type="checkbox"/>
10	Are you a newcomer to exercise and aged over 35 (male) or 45 (female)?	<input type="checkbox"/>	<input type="checkbox"/>
11	Do you smoke?	<input type="checkbox"/>	<input type="checkbox"/>

IF YOU HAVE ANSWERED YES TO ONE OR MORE OF THE ABOVE QUESTIONS, your instructor will need more information. You may also need to get clearance from your doctor before starting any exercise programme

If you have or have ever had any of the following, please tell your Instructor prior to the session

Arthritis	<input type="checkbox"/>	<i>Any pain or major injuries particularly in the following areas:</i>	
Asthma	<input type="checkbox"/>	Neck	<input type="checkbox"/> Back <input type="checkbox"/>
Cramps	<input type="checkbox"/>	Knees	<input type="checkbox"/> Ankles <input type="checkbox"/>
Diabetes	<input type="checkbox"/>		
Muscular Pain	<input type="checkbox"/>	Are you dieting or fasting?	Yes/No

Exercise History

What exercise have you been doing recently? Exercise Type: _____

Intensity (circle) **Hard Medium Light** How Long: ___(month/years) How Often: _____ (once a week)

I acknowledge that I have not withheld any relevant information relating to my present health status. I understand it is my responsibility to inform my Instructor of any future changes in health that may occur or of any problems I experience when exercising.

Whilst safe and effective exercise may produce many health benefits, it is important to realise there is also the low possibility of exercising causing some difficulties. It is recommended that to avoid any risk, you start to exercise at a low level and gradually build up your fitness. Initially you may experience some local muscular soreness and slight fatigue, but as the programme continues, they should disappear. I understand that there may be a small risk in starting an exercise programme and I undertake to inform my Instructor if I experience any problems when exercising.

Signed: _____

Date: _____

ADDITIONAL INFORMATION

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COMMENTS/ADVICE GIVEN

NOTES