

Pre exercise questionnaire

Name		DOB	
Address			
Phone		Mobile	
Email			
Person to contact in case of emergency		Phone	
Name of doctor		Phone	
Do you have ambulance cover?		Yes / No	

Fitness and wellbeing goals

Please select the three most relevant fitness goals and number them in order of priority (1 - 3).

Reduce body fat	
Improve heart / lung capacity	
Increase muscle tone and strength	
Decrease stress levels	
Improve overall fitness and wellbeing	
Reduce symptoms of health problems	
Improve flexibility	
Enable me to perform day to day activities	
Recover from injury, surgery or ill health	
Other (please specify)	

Medical history



High blood pressure	Low blood pressure	Stroke
Heart problems	Respiratory problems	Blood disorders
Glandular fever	Rheumatic fever	Epilepsy / seizures
Diabetes	Arthritis	Dizziness / fainting
Stomach ulcers	Hernia	Allergies (please list below)
1)	2)	3)
Musculoskeletal problems such as		
Neck pain	Back pain	Joint injuries (please list)
1)	2)	3)
Other injuries that may affect your training?		

If you ticked any of these conditions you are required to discuss with your doctor whether this program is appropriate for you before you start. Please provide a *written* clearance from your doctor if you suffer or have suffered from any form of cardiovascular disease.

Liability statement: I recognise that the activity I am about to undertake may expose me to certain risks. I assume this risk and responsibility for any injury, death or property damage resulting from my participation in the activity. I agree and understand that in the event of injury, death or damage to property I will bring no claim, legal or otherwise against the fitness instructor.

Name:

Signature:

Date: