



Pre-Exercise Questionnaire

Name:	Occupation:
Date of Birth:	Home Phone
Email address :	Mobile Phone:
Address:	Emergency Contact Details:

General Health

Has anyone in your family under 60 suffered from a Heart Disease, Stroke, High Cholesterol or Sudden Death?		Are you 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?	
Have you given birth within the last 6 weeks?		Do you suffer from any infectious diseases?	
Are you pregnant?			

Do you, or have you suffered from any of the following:

Raised Cholesterol / Triglycerides		ME	
High Blood Pressure		Hernia	
Stomach or Duodenal Ulcer		MS	
A Miscarriage in the past 6 months		Diabetes	
Any Heart Condition		Gout	
Heart Murmur		Epilepsy	
Palpitations		Glandular Fever	
Dizziness or Fainting		Rheumatic Fever	
Liver or Kidney Condition			



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If you have indicated (Y) Yes for any of the above please give details of condition, medications and approximate date cleared.

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If you have answered Yes to any of the conditions above you please take this form to your GP and ask for clearance to exercise before starting with any exercise programme.

Have you ever had or do you suffer from:

Arthritis: Y/N	Asthma: Y/N	Cramps: Y/N	Muscular Pain: Y/N
Details:			

Any pain or major injuries particularly in the following areas?

Neck: Y/N	Back: Y/N	Knees: Y/N	Ankles: Y/N	Shoulders: Y/N	Wrists: Y/N
Details:					

Do you smoke?
Are there any other conditions which may cause your exercise programme to be modified?
What type of exercise have you been doing recently?
At what intensity? Low/Medium/Hard
How often?



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Please read the following exercise advice carefully

When beginning a new exercise work at a low level, concentrating on how to do the exercises correctly. When you are comfortable you can work a little harder each time you train. Be sure to limit yourself to a pace where you can still talk comfortably. Should you suffer any injury, illness or condition in the future, please inform your instructor.

Statement

I recognise that my instructor is not able to provide me with medical advice with regard to my medical 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. I am aware that any physical activity can be hazardous and that there is a risk involved.

Clients signature: _____

Date: _____