Pre Exercise Questionnaire

Contact Information

Name:	
Date of Birth:	
Address:	
Contact No:	
E-mail:	
Contact of next of kin:	

Medical Questions

1. Has your GP ever told you that you have a bone or joint problem, such as arthritis that can be made worse or aggravated by exercise? **YES/NO**

2. Do you have high blood pressure? **YES/NO**

3. Do you have low blood pressure? **YES/NO**

4. Do you have Diabetes? **YES/NO**

5. Has your doctor ever said you have a heart condition and that you should only do exercise prescribed by your doctor? **YES/NO**

6. Have you ever felt pain in your chest when doing physical activity? **YES/NO**

7. Is your doctor currently prescribing you drugs or medication? **YES/NO**

8. Have you ever suffered unusual shortness of breath at rest or with mild exertion? **YES/NO**

9. Is there any family history of Coronary Heart Disease or Stroke? **YES/NO**

10. Do you often suffer spells of severe dizziness or have loss of consciousness? **YES/NO**

11. Do you know of any other reason why you should not participate in physical activity? **YES/NO**

If you have answered YES to any of the above:

Consult your GP before increasing your physical activity or taking a fitness test, tell them the questions you answered yes to on this form and seek advice on your suitability to the program.

If you answered NO to all questions:

Get ready for the life changing experience that is about to start...

Be prepared for an intense but fun challenge to a NEW YOU!

Assumption of Risk

I hereby state that i have read, understood and honestly answered the questions above. Having answered the questions I still wish to take part in activities that will include aerobic exercise, resistance exercise and stretching. I realise that there is some risk of injury due to uncontrollable environmental occurrences. Furthermore, I confirm that I am voluntarily engaging an acceptable level of exercise, which has been recommended to me.

Client's name	Trainer's name
Client's signature	Trainer's signature