

Pre-exercise health screening

Name _____ Date of birth _____
 Address _____ Phone _____
 _____ Email _____

Please answer the following Questions and sign below:				Comments if Yes
1	Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?	Yes	No	
2	Do you feel pain in your chest when you do physical activity?	Yes	No	
3	In the past month, have you had chest pain when you were not doing physical activity?	Yes	No	
4	Do you lose your balance because of dizziness or do you ever lose consciousness?	Yes	No	
5	Do you have a bone or joint problem that could be made worse by a change in your physical activity?	Yes	No	
6	Is your doctor currently prescribing drugs (for example water pills) for your blood pressure or heart condition?	Yes	No	
7	Are you Pre/Post natal?	Yes	No	
8	Do you suffer from asthma, or breathing difficulties?	Yes	No	
9	Do you suffer from diabetes. Epilepsy, liver, kidney or thyroid disorders?	Yes	No	
10	Do you suffer from an allergy? (environmental or medication)	Yes	No	
11	Are you taking any medication(s) which could prevent you undertaking an exercise program or that you are concerned about?	Yes	No	
12	Do you know of any other reason why you should not do physical activity?	Yes	No	

Informed consent – liability waiver

I do hereby declare myself to be physically sound and suffering from no condition, impairment, disease or infirmity or other illness (other than those declared on the attached medical questionnaire) that would prevent my participation or use of equipment or facilities except as herein stated. I acknowledge that I have either had a physical examination and have been given my doctors permission to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my doctor and do hereby assume all responsibility for my participation and activities, and utilisation of equipment and machinery in my activities.

Name		Signature		Date	
Inspire2Tri		Signature		Date	