



## PRE-EXERCISE HEALTH SCREENING

Name		Date of Birth	
Address		Phone	
		Email	

Note: at least one form of contact information (Address, Phone or Email is mandatory)

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?	Y / N	
2	Have you ever felt pain in your chest when doing physical activity?	Y / N	
3	In the past month, have you had chest pain when you were not doing physical activity?	Y / N	
4	Do you lose your balance because of dizziness or do you ever lose consciousness?	Y / N	
5	Do you have a bone, joint or soft tissue problem or history that could be made worse by a change in your physical activity?	Y / N	
6	Is your doctor currently prescribing drugs for blood pressure or a heart condition?	Y / N	
7	Are you Pre/Post natal?	Y / N	
8	Do you suffer from asthma, or any other breathing difficulties?	Y / N	
9	Do you suffer from diabetes. Epilepsy, liver, kidney or thyroid disorders?	Y / N	
10	Do you suffer from an allergy to environment or medicine?	Y / N	
11	Are you taking any medication(s) which could prevent you undertaking an exercise program or that you are concerned about?	Y / N	
12	Do you know of <u>any</u> other reason that may impact the intensity, range or duration of your exercise? (Please include any operations or physical injuries in the past, however long ago)	Y / N	

### Informed consent, liability waiver

I 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 detailed here. I confirm that I have been given my doctors permission to participate, or that I have decided to participate in activity and use of equipment without the approval of my doctor and assume all responsibility for my participation and activities, and utilisation of equipment in my activities.

### Data Protection

I understand that this paper form is required to plan the safest possible exercise experience and that it is accessible to any staff conducting activities in which I participate. It may be used to contact me in the event of a change or cancellation of a class or event but will be kept securely for a maximum of 5 years (before renewal if applicable) and will not be shared with any other organisation or group. No modification will be made to the form without my permission and I may request to view it or ask for it to be deleted at any time if I cease to attend classes or courses.

Signature		Date	
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