



# PRE-EXERCISE SCREEN

Initial & Date

CONTACT DETAILS					
NAME				DATE	
ADDRESS					
DOB		AGE		MALE	<input type="checkbox"/>
HOME PH		MOBILE PH		FEMALE	<input type="checkbox"/>
EMAIL ADDRESS					
OCCUPATION					
EMERGENCY CONTACT	WORK PH				
	MOBILE PH				
	EMAIL				
DOCTOR	WORK PH				
	A/HOURS PH				

HEALTH QUESTIONS COMPULSORY			
Have you had or have any of the following conditions, please circle the response and comment if required.			
1.	Has a medical professional told you that you have a heart condition?	Yes	No
2.	Un-explained pains in your chest whilst exercising or at rest? Heart Palpitations, Murmurs or a pace maker?	Yes	No
3.	Heart disease in your family history (immediate family)?	Yes	No
4.	Dizziness, Blackouts, fainting, or have had a stroke?	Yes	No
5.	Asthma or any other respiratory illness, shortness of breath?	Yes	No
6.	Diabetes? If yes which one, please circle:      Type I      Type II	Yes	No
7.	High or low blood pressure, Arthritis, Epilepsy, Hernia's, Gout, Circulation problems, Ulcers, High Cholesterol? Please circle	Yes	No
8.	Are you currently taking any medication? Can it effect your training?	Yes	No
9.	Major surgery, illness or injuries in the last 5 years?	Yes	No
10.	Bone, joint or muscular problems in any part of your body? Knees Neck Shoulders Back Pelvis Ankles	Yes	No
11.	Are you pregnant or given birth in the last 12 months? How do you find your Pelvic Floor?	Yes	No
12.	Do you have any other medical conditions that may affect you whilst participating in physical activity, which could be detrimental to your health?	Yes	No
13.	Do you smoke?	Yes	No
14.	Do you have any bone, joint or muscle soreness that is worsened whilst performing certain types of physical activity? If yes what?	Yes	No

If you have answered yes to any of the above questions I strongly advise that you consult your doctor or specialist before exercising. Please Initial & Date here: \_\_\_\_\_

DECLARATION	
I declare that the above information I have given to be true and correct at this date. At any time my health position changes I will ensure to notify my trainer/coach and declare all issues and injuries that may affect my training. I have read and am aware of the pre-exercise medical consult as highlighted above.	
SIGNATURE	DATE

Approved By	Alena Bidgood	Date	18/04/2016	Revision	2.0
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