

MEDICAL

YES NO

| | | |
|---|--------------------------|--------------------------|
| Do you have a heart condition or have you been recommended for medically supervised activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you developed chest pains in the last 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you suffer from dizziness or fainting? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have joint problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have diabetes? If so, what type - TYPE I <input type="checkbox"/> TYPE II <input type="checkbox"/> | | |
| Do you suffer from epilepsy? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has a doctor recommended medication for blood pressure or heart problems in the last 5 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you suffer from breathlessness after slight exertion? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you currently pregnant or is there a possibility you might be? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you given birth in the last 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have high blood pressure (that you are aware of)? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered YES to any of the above questions, please contact your GP prior to starting up a fitness programme.

| | | |
|--|--------------------------|--------------------------|
| Are there any other medical conditions you feel I should be made aware of? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you currently taking any medication? If so, what type? | <input type="checkbox"/> | <input type="checkbox"/> |

LIFESTYLE

YES NO

| | | |
|--|--------------------------|--------------------------|
| Do you exercise regularly? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you smoke? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have a family history of heart disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| How many units of alcohol do you consume a week? | | |

What are your main reasons for starting up a fitness programme?

What are your main goals?

What do you think are your main limitations?

How hard do you want to work? - Frequency Duration Intensity

DECLARATION

I hereby declare that all the above information is correct and that my instructor takes no responsibility for any injury or illness incurred due to information withheld.

| | | |
|------|-----------|------|
| NAME | SIGNATURE | DATE |
|------|-----------|------|