



G G's Group Fitness



Pre - Exercise Health

Questionnaire

Personal Details

| | | |
|------------------------------------|-----------------|-------|
| Title: | Name: | Date: |
| Address: | | |
| Postcode: | Contact Number: | Age: |
| Email Address: | | |
| Emergency Contact Name and Number: | | |

Before Commencing Exercise

Before commencing any exercise programme please answer the following questions below to ensure that it safe for you to do so. If you answer yes to one or more of these questions then you will need to speak to your doctor regarding the exercise you are about to undertake to make sure it is the right intensity level for you. Please take in any advice they may give you and a doctor's note may be required.

| | | |
|-----|----|--|
| Yes | No | Has your doctor ever said that you suffer from a heart condition and that you should only do exercise recommended by a doctor? |
| Yes | No | Do you or have you experienced pain in your chest when participating in physical activity? |
| Yes | No | In the past month have you experienced pain in your chest when not participating in physical activity? |
| Yes | No | Do you lose your balance due to dizziness or do you ever lose consciousness? |
| Yes | No | Do you suffer from a bone or joint problem that could be made worse by physical activity? |
| Yes | No | Are you currently taking prescribed medication for a heart condition or blood pressure? |
| yes | No | Do you know of any other reason why you should not participate in physical activity? |

Medical History

| | | |
|-----|----|---|
| Yes | No | Do you smoke? |
| Yes | no | Do you suffer from Diabetes |
| Yes | No | Have you undergone any surgery in the last year? |
| Yes | No | Do you have any injuries past or present? |
| Yes | No | Do you suffer from any respiratory problems e.g. Asthma? |
| Yes | No | Do you suffer from epilepsy? |
| Yes | No | Are you on any medication? |
| Yes | No | Are you / have you been pregnant in the last six months or given birth in the last nine months? |

If you have answered yes to any of the above questions please give details below.

Disclaimer

By signing this form I am confirming that I have read, understood and completed it to the best of my knowledge and any questions that I had were answered to my satisfaction. I am responsible for seeking my doctor's advice and obtaining written permission should it be needed before participating any form of physical activity and I understand the nature of the exercise I am about to undertake, I understand the instructor will take every care for my safety, but I undertake all exercise at my own risk and take full responsibility for my own actions.

Signature:

Print Name:

Date: