

Pre exercise screening form



Name:

Address:

Contact no's: Home:

Mob:

E-mail:

Regular physical activity is fun and healthy, and increasingly people are seeking to increase their physical well being through exercise. Most people can proceed into a regular exercise program; however it is always wise to consult your doctor if you have any concerns.

Please read every question carefully and answer to the best of your knowledge, thank you.

Yes No

1. Has your Doctor ever told you that you have a heart condition?
2. Are you taking any medication at present? If so, what?
3. Do you suffer from asthma, epilepsy or high blood pressure?
4. Have you ever suffered from back problems?
5. Are you Pregnant or have had a baby in the last 3 months?
6. Have you had any injuries or surgery in the last three months?
7. Do you feel that there is anything that will stop you training?

Please comment here on any relevant info:

If you have answered yes to any of the above questions you must consult your Doctor **BEFORE** you start becoming more physically active or **BEFORE** you have a fitness appraisal.

If not, welcome on board and lets get started!!

I have read and answered all the above questions to the best of my knowledge:

Name:

Signature:

Date:

Trainer:

Signature:

date: