

Being more active is safe for most people, however, some people should check with their doctor before they start an exercise programme. Please complete this form as accurately and completely as possible.

Circle YES or NO to the following questions, **if you circle yes please give more information.**

This information will be kept private and confidential and not shared with any other party other than the fitness instructor running this class—there will be no electronic records kept regarding this form.

Please sign to confirm your consent to provide the required information

(sign here): _____

Name: _____ Telephone: _____

Address: _____

Email address: _____ Date of Birth: _____ Male/Female

Medical history

- 1) Has your doctor ever said that you have a heart condition and recommended only medical supervised activity? YES / NO
- 2) Do you frequently have pains in your chest when you perform physical activity? YES / NO
- 3) Have you ever had a stroke? YES / NO
- 4) Do you lose your balance due to dizziness or do you ever lose consciousness? YES / NO
- 5) Do you have a bone, joint or any other health problem that causes you pain or limitations that must be addressed when developing an exercise program ie diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, anorexia, bulimia, anaemia, epilepsy, respiratory ailments, back problems etc? YES / NO

If YES please indicate which:

- 6) Have you ever had asthma, chronic bronchitis or any other chest ailments? YES / NO

If YES Please indicate which:

- 7) Do you take any medications either prescription or non-prescription on a regular basis? YES / NO

If YES please specify:

- 8) Do you suffer from severe headaches or migraines? YES / NO
- 9) Are you recuperating from a recent illness/operation or injury? YES / NO

If YES please expand:

- 10) Have you any medical condition that I should be aware of? YES / NO
- 11) Are you pregnant? If yes, how many months? YES / NO
- 12) Is there any history of heart disease in your immediate family (under the age of 55)? YES / NO

PLEASE NOTE: If you answered YES to any of questions above you may need to speak to your doctor before commencing an exercise induction or exercise programme or consult further with your instructor.

I have been informed both verbally and in writing that if I answer YES to any of questions 1-12 of this questionnaire I should seek medical advice/approval before commencing an exercise programme and/or induction. If I wish to continue without such advice I do so entirely at my own risk. I confirm that I have read, fully understood and answered the above questions honestly and I am fully aware that it is my responsibility to inform Victoria Pauley if any of the above information changes.

Signed: _____ Date: _____

If you change your mind and wish to opt-out and withdraw your consent to sharing the above information with your instructor please let the instructor know. You are free to do so at any time