



Pre-Training Screening

Please take a few minutes to answer the following questions. Just place a "✓" to indicate Yes or if unsure. The information contained will be treated as confidential and will not be released or revealed without your consent.

Please take a few minutes to answer the following:

Name:

.....

Address:

.....

Phone:

.....

Email:

.....

D.O.B: Age:

.....

Sex: M/F:

.....

Emergency Contact Name:

.....

Emergency Contact Phone:

.....

What are your current fitness activities?

.....

The following questions are designed to identify those few people for whom physical activity may be inappropriate or those who may need medical advice before beginning exercise.

Details of any previous injuries / surgery within the last 2 years.

.....

Are you a male over 35 or a female over 45 and NOT used to regular exercise? Y / N

.....

Are you on any prescribed medication? Y / N

.....

Are you now or have been pregnant in the past 3 months? Y / N

.....

Have you given birth within the last 12 months? Y / N

.....

Are you aware of any abdominal separation or pelvic floor issues from carrying and giving birth to your baby? Y / N

.....

Has a family member under 60, suffered from, heart disease, stroke, raised cholesterol or sudden death? Y / N

.....

Do you currently smoke?, Or have you given up in the last 6 months? Y / N

.....

Have you ever had heart problems? Y / N

.....

If yes please describe.

Have you had in the last 5-10 years? (Please Circle)

Asthma Y / N Chest pain Y / N Dizziness Y / N

Back pain Y / N Hernia Y / N Head injury Y / N

High BP Y / N Low BP Y / N Epilepsy Y / N

Neck pain Y / N Diabetes Y / N Sports injury Y / N

Arthritis Y / N Joint/bone pain Y / N RSI / OOS Y / N

Other:

.....

Statement: I certify that I have read and understand the above questions for which my answers are true and complete. I agree that I assume responsibility for any changes to any medical condition that might affect my ability to exercise. I recognize that the trainer(s) are not able to provide me with medical advice with regard to my medical fitness and that this information is used as a guideline to the limitations of my ability to exercise. I have answered the questions to the best of my ability and understand the advice above

Please note: The success and results associated with any exercise/fitness training programme is dependent on your level of personal commitment and dedication to the exercise programme and to any other suggestions and/or directions provided by the Trainer.

Work at your level of intensity during your training sessions. Concentrate on learning to do the exercises properly with good form. With each session you will be able to work a little harder. Should you suffer any injury, illness or condition in the future, please notify your Trainer.

Please provide 24 hours cancellation for your session, or full payment is required.

Date:

.....

Signed:

.....