

Pre-exercise questionnaire

Purple
Fitness
Unlock your inner Goddess

Personal details

Title (Mr/Mrs/Miss/Ms)	Name	Date
Address		Postcode
Mobile	Tel home	Tel work
DOB/age	Emergency name and contact tel	

Before you start

If you are planning to start exercising, start by answering the questions below. The pre-exercise questions will tell you if you should check with your doctor before you start. Common sense is your best guide when you answer these questions. Please tick all that apply to you.

- Yes No Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
- Yes No Do you feel pain in your chest when you do physical activity?
- Yes No In the past month have you had chest pain when you were not doing physical activity?
- Yes No Do you lose your balance because of dizziness or do you ever lose consciousness?
- Yes No Do you have a bone or joint problem that could be made worse by a change in your physical activity?
- Yes No Is your doctor currently prescribing drugs for your blood pressure or a heart condition?
- Yes No Do you know of any other reason why you should not do physical activity?

If you ticked one or more questions then you need to talk with your doctor before you start becoming more physically active or before you have an induction. Tell your doctor about the questions you ticked and the type of activities you wish to participate in and take their advice. If you didn't tick any then you can be reasonably sure that you can start becoming more physically active – beginning slowly and building up gradually.

Medical history

Please note, if your health changes so that you tick any of these questions, please let your trainer know.

- Yes No Do you smoke? If yes, how many per day
- Yes No Do you suffer from diabetes mellitus?
- Yes No Have you undergone any surgery in the last year?
- Yes No Do you/have you had any injuries?
- Yes No Do you suffer from any respiratory problems such as asthma, emphysema?
- Yes No Do you, or have you ever suffered from any form of epilepsy?
- Yes No Are you taking any drugs or medication?
- Yes No If female, have you been pregnant in the last six months or given birth in the last nine?

Please list details regarding any of the above. Continue onto the next page if necessary.

Medical history (cont.)

Disclaimer

In signing this form I confirm that I have read, understood and completed this questionnaire. Any questions I had were answered to my satisfaction. In the event that I am required to seek my doctor's advice prior to commencing an exercise programme, I agree to contact my doctor and take responsibility for obtaining written permission before starting my exercise programme. I understand that I am responsible for monitoring myself throughout the exercise programme and that if any unusual symptoms occur, I will cease participation and inform my doctor of those symptoms.

I confirm that the answers are true and accurate to the best of my knowledge. I undertake to notify my trainer at once if any answers to the questions change. I am aware that physical activity can be hazardous and there is a risk involved. I acknowledge that I participate at my own risk and take full responsibility for my actions.

Print name

Signature

Date