

Health Screening Form

For Your Safety: Please answer the following questions. All information will be treated in the strictest confidence and will only be used to provide safe and effective personal training classes. Please check with your doctor or specialist before exercising.

Name: _____ **Date of birth:** _____

Address: _____

Mobile No. _____ **Home No.** _____ **E-mail:** _____

- **What do you want to get out of these Personal Training and Coaching sessions ? What are your three main goals?**

Do you now or have you had in the past 12 months (Please tick)?

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> Y N - History of heart problems Y N - History of heart problems in immediate family Y N - History of lung problems Y N - High/Low Blood Pressure Y N - Diabetes Y N - Epilepsy | <ul style="list-style-type: none"> Y N - Arthritis Y N - Hernia Y N - Dizziness Y N - Chronic Illness Y N - Back Issues Y N - Asthma / respiratory issues |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

- **Are you pregnant or post natal (do you have a baby under 6 months old)?** Y N
If yes please state:

- **Have you had a recent operation / injury / chronic illness?** Y N
If yes please state:

- **Do you have a history of joint, ligament or muscle damage, limited movements in any joints?** Y N
If yes please state:

- **Are you taking any drugs or medication? If yes please state:** Y N

- **Are you accustomed to physical exercise?** Y N
If yes please state: (Types of exercise, duration and times per week/ month)

(Past) _____ times per week

(Present) _____ times per week

- **Do you smoke? If yes how many per day?** Y N

- **Have you previously been asked not to partake in physical exercise by a physician?** Y N

If yes please state:

- **Please state any illness/injury you have suffered or presently suffering, if not asked above:**

- **How did you find out about Martin's fitness, nutrition and health service – please mark or circle?**

Internet Search ___ Flyer ___ Venue Ad ___ Shop Ad ___ Magazine ___ News Paper ___ A Friend _____

Informed Consent:

I am aware that I must inform the instructor of any health issues or problems that may arise in the future. I declare to the best of my knowledge that the information given above is correct and I know of no reason why I should not participate in the exercise programme.

I hereby declare that I intent to take part in an exercise programme / class and I'm aware that there is a risk of heart attack, light headedness, fainting, cramps, muscle or joint injury with all types of exercise. I assume full responsibility during and after my participation in any exercise programme / class. I understand and acknowledge that the training class I am participating in is not responsible whatsoever for an injuries during or after participation in any exercise programme / class. In consideration of my participation in the program, I release Fitneise Coaching – the instructor from any claims, demands and causes of action as a result of my voluntary participation and enrolment.

I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTOOD THE ABOVE STATEMENTS AND AGREE TO THE CONTENTS OF THIS INFORMED AGREEMENT.

If you want to receive information either via text message, e-mails, post about upcoming Seminars, Workkhaps, classes, a bi-monthly, Fitness & Health Website Newsletter, fitness & exercise classes and other fitness, sport and health related services tick the following box:

Signed: _____ **Date:** _____