

Fitness Screening Questionnaire

Name: _____

Address: _____

Home/Mobile telephone number: _____

Date of birth: _____

Email address: _____

Emergency contact name and telephone: _____

1. Has your doctor ever said you have heart trouble? YES / NO
2. Do you ever have pains in your chest and heart? YES / NO
3. Do you ever feel faint or have spells of dizziness? YES / NO
4. Has a doctor ever said your blood pressure is too high? YES / NO
5. Has your doctor ever told you that you have a bone or joint problem, such as arthritis, that has been aggravated by exercise, or might be made worse with exercise? YES / NO
6. Is there any good physical reason not mentioned here why you should not follow an activity programme even if you wanted to? YES / NO
7. Are you on any form of medication? YES / NO
If yes, please state condition and medication:

8. Do you suffer from asthma? YES / NO
9. Do you have a hip/knee/limb replacement? YES / NO
10. Are you pregnant or recently postnatal (less than three months) YES / NO
11. Are you experiencing any pain? YES / NO
12. Do you have any movement limitations? YES / NO

If you have answered YES to one or more of the above questions, please give details:

13. What other exercise do you do?

I acknowledge that the nature of the exercise class I am about to undertake has been fully explained, and all questions I had were answered to my full satisfaction. I will inform the instructor of any changes to the above should they arise. Whilst I am aware that all care will be taken to keep the class safe and enjoyable, I participate in this exercise session of my own free will and understand that as with any exercise programme there is a risk of injury.

Date: _____

Signature participant: _____

To be filled in by instructor:
Any advice given:

Doctor's note required: yes / no