

### Health Questionnaire

**Name:**

**Date of birth:**

**Email:**

**Telephone:**

Please read the following questions and answer each one honestly.

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?		
Do you feel pain in your chest when you do physical activity?		
In the past month, have you had chest pain while you were not doing physical activity?		
Do you lose your balance because of dizziness or do you ever lose consciousness?		
Do you have a bone or joint problem that could be made worse by physical activity?		
Is your doctor currently prescribing drugs for your blood pressure or heart condition?		
Are you pregnant or recently had a baby?		
Have you had any recent injuries or operations? If yes please give details:		
Do you know of any other reason why you should not do physical activity?		

I hereby state that I have read, understood and answered honestly the questions above. I also state that I wish to participate in activities, which may include aerobic exercise, resistance training and stretching. I realise that my participation in these activities involves the risk of injury and even the possibility of death. Furthermore, I hereby confirm that I am voluntarily engaging in an acceptable level of exercise, which has been recommended to me.

**Please Note:** If your health changes so that you then answer **YES** to any of the above questions, tell your fitness or health professional.

**Name:**

**Signature:**

**Date:**

**If you answered YES to one or more questions:** Talk to your doctor **BEFORE** you become more physically active or have a fitness appraisal. Discuss with your doctor which kinds of activities you wish to participate in.

I have taken medical advice and my doctor has agreed that I should exercise.

**Name:**

**Signature:**

**Date:**

Please tick to give permission to be added to our mailing list for information on our classes

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed