

Name: _____ Male/Female: _____ D.O.B: _____
Address: _____

Tel No. (Evening): _____

Medical evidence suggests that exercise can be positively beneficial for people with some of the following disorders, provided that it is carried out with proper supervision.

Please complete the form below.

Have you ever suffered from any of the following medical conditions?

CHD, Angina, Heart Attack	Yes / No
Heart Murmur, Chest Pains, Palpitations	Yes / No
High Blood Pressure	Yes / No
High Blood Cholesterol	Yes / No
Thrombosis Blood Clot	Yes / No
Haemophilia	Yes / No
Stroke	Yes / No
Cancer	Yes / No
Epilepsy, Fainting or Dizziness	Yes / No
Diabetes	Yes / No
Asthma or Respiratory Illness	Yes / No
Osteoporosis (Brittle Bones)	Yes / No
Osteoarthritis	Yes / No
Neck or Back Pain	Yes / No
Hip Pain	Yes / No
Knee Pain	Yes / No
Ankle Pain	Yes / No
Any other Joint Injury (please specify)	Yes / No

Are you taking any of the following medication?

Diuretics	Yes / No
Insulin	Yes / No
Diabetic Pill	Yes / No
Epilepsy Medication	Yes / No
Beta Blocker/Ace Inhibitors	Yes / No
Heparin/Warfarin	Yes / No
Anti-Depressants	Yes / No
Other (please specify)	Yes / No
Do you smoke (if so, how many per day) ?	Yes / No
Are you pregnant ?	Yes / No
Have you had a baby in the last 6 months?	Yes / No
Have you had any major operations or bone fractures? (give details)	Yes / No

Do you currently take regular exercise? Yes / No
Are there any other reason you are aware that Yes / No
may prevent you from exercising safely? If so,
Please specify

Clients suffering from Asthma, Diabetes or Angina MUST ALWAYS have their medication with them and show it to the instructor before commencing any exercise programme.

I hereby acknowledge that the nature of the exercise I am about to undertake has been fully explained. Whilst I am aware that all care will be taken by the instructors, I do so at my own risk.

Name (print): _____

Signed : _____

Date : _____