

Health Screening and Informed Consent

Name: _____ DOB _____
Address: _____
Post Code: _____
Email address: _____
Home phone: _____ Mobile: _____
Emergency contact name: _____ Number: _____

Please answer the following questions truthfully.

1. Do you have high or low blood pressure?	Y	N
2. Do you get head/chest pains during exercise/physical activity?	Y	N
3. Do you have a family history of heart conditions?	Y	N
4. Do you suffer from asthma or any respiratory condition?	Y	N
5. Have you been diagnosed with any illness/condition?	Y	N
6. Do you suffer from any joint problems/aches?	Y	N
7. Do you smoke?	Y	N
8. Are you on any medication with side effects?	Y	N
9. Do you have trouble sleeping or are stressed/anxious?	Y	N
10. Are you physically active for at least 30 minutes per day, 5 days a week?	Y	N
11. Do you play any sports?	Y	N

Notes: _____

Fitness training may include activities such as running, stretching, lifting weights and using fitness equipment. PLEASE ask questions if you are not clear about anything.

PLEASE also notify your coach if you feel you should not do a particular exercise for ANY reason.

Any fitness training contains certain risks. This training is designed to minimise these risks. However, if at any time during an exercise session you feel pain or discomfort YOU MUST STOP IMMEDIATELY and inform your coach.

- You are advised to ask your GP to complete our Medical Clearance Form if you answered Yes to any of Questions 1 –8 above. There are many activities you may still be able to do.
- You are advised to start slowly and increase your level of activity slowly whatever level you are currently at.

I hereby state that I have read, understood and answered all the questions truthfully. Any queries have been answered to my satisfaction. I also state that I wish to participate in the range of activities including cardiovascular and resistance (weight bearing) exercise. I realise that these activities involve the risk of injury or even death.

Signature: _____ Date: _____