



Pre-exercise Questionnaire

Please take a few minutes to answer the following questions, indicating (Y) for Yes and (N) for No. If you are unsure how to answer any of the questions, please discuss them with your Personal Trainer.

Name:	D.O.B	Occupation:	
Age:	Sex:	Daytime phone no:	Mobile:
Address:		Contact in case of emergency:	
	Post code	Daytime phone no:	Mobile:

General Health

- Has anyone in your family under 60 suffered from a Heart Disease, Stroke, High Cholesterol or Sudden Death?
- Are you male over 35 or female over 45 and NOT used to regular vigorous exercise?
- Are you on any prescribed medication?
- Have you given birth within the last 6 weeks?
- Do you suffer from any infectious diseases?
- Have you been hospitalised recently?
- Are you pregnant?

Do you, or have you suffered from any of the following:

- Raised Cholesterol / Triglycerides
- High Blood Pressure > 120 [+age]/95
- Stomach or Duodenal Ulcer
- A Miscarriage in the past 6 months
- Any Heart Condition
- Heart Murmur
- Palpitations
- Dizziness or Fainting
- Liver or Kidney Condition
- ME
- Hernia
- MS
- Diabetes
- Gout
- Epilepsy
- Glandular Fever
- Rheumatic Fever

If you have indicated (Y) Yes for any of the above please give details of condition, medications and approximate date cleared.

If you have indicated (Y) Yes

Please take this form to your physician and ask for clearance to exercise before starting any exercise programme.

Physicians signature: _____

Date: _____

Have you ever or do you suffer from?

- Arthritis
- Asthma
- Cramps
- Muscular
- Pain

Any pain or major injuries particularly in the following areas?

- Neck
- Back
- Knees
- Ankles
- Shoulders
- Wrists

Do you smoke?

Are there any other conditions which may cause your exercise programme to be modified? _____

What type of exercise have you been doing recently? _____

At what intensity: Hard Medium Light How often per week? _____

Please read the following exercise advice carefully

When beginning a new exercise work at a low level, concentrating on how to do the exercises correctly. When you are comfortable you can work a little harder each time you train. Be sure to limit yourself to a pace where you can still talk comfortably. Should you suffer any injury, illness or condition in the future, please inform your Personal Trainer.

Advice from your Personal Trainer

Statement

I recognise that my Personal Trainer is not able to provide me with medical advice with regard to my medical fitness and that this information is used as a guideline to the limitations of my ability to exercise. I have answered the questions to the best of my ability and understand the advice above. I am aware that any physical activity can be hazardous and that there is a risk involved.

Clients signature: _____

Personal Trainers signature: _____

Date: _____

Date: _____