

Please complete and hand to an instructor.

FitUK Pre-Fitness Health Questionnaire

First Name _____ Surname _____
Address _____
_____ Post Code _____
Tel (Home) _____ (Mob) _____
Email _____ Date of Birth _____
Occupation _____ Company _____
Where did you hear about us? _____

Please answer the following questions:

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Has a doctor ever said you have heart trouble?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever had pains in your chest?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you often feel faint or have spells of dizziness?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has a doctor said your blood pressure is too high?.....
<i>If 'Yes' how is it controlled?.....</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has a doctor said that you might have bone or joint problems, such as arthritis, that has been aggravated by exercise or might be made worse with exercise?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you been in hospital in the last 3 years?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you currently taking any medication?.....
<i>If 'Yes' what?.....</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you pre/post natal?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you suffer from asthma or have breathing difficulties?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you suffer from diabetes or epilepsy?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do you suffer from an allergy?.....
<i>If 'Yes' what medication do you take?.....</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Is there any physical reason not mentioned here why you should not follow a physical activity programme?..... | <input type="checkbox"/> | <input type="checkbox"/> |

How would you describe your current level of fitness?

- Very fit
Fit
Average
Unfit
Inactive

If you have answered 'Yes' to any of the questions above:

If you have not recently done so, consult with a doctor before increasing your physical activity level and tell your doctor which questions you answered yes to.

If in any doubt, seek your doctor's advice as to your suitability for unrestricted physical activity that progresses gradually.

Informed Consent - Liability Waiver

In consideration of being allowed to participate in the activities and programmes of FitUK and to use the facilities and equipment owned and/or under the control of FitUK, in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge FitUK from any and all responsibility or liability for injuries or damages resulting from my participation in any activities or my use of equipment or facilities in the above mentioned activities.

I understand and I am aware that strength, flexibility and aerobic exercise, including the use of equipment, outdoors, is a potentially hazardous activity. I also understand that exercise and fitness activities involve a risk of injury and even death and I am voluntarily participating in these activities and using equipment and facilities with the knowledge of the dangers involved. I hereby agree to expressly assume and accept all and any risks of injury or death.

I am aware that I have the right to request advice from any of the FitUK fitness staff, at any time, in relation to the exercise and activities being undertaken and, but not exclusively, their suitability for me, with particular regard to my health and clothing. If I choose not to take advice, or to disregard any advice so given, I do so voluntarily and accept liability for any resulting injuries or damage.

I do hereby declare myself to be physically sound and suffering from no condition, impairment, disease or infirmity or other illness (other than those declared on the attached medical questionnaire) that would prevent my participation or use of equipment or facilities except as herein stated. I acknowledge that I have either had a physical examination and have been given my doctor's permission to participate, or that I have decided to participate in activity and use of equipment without the approval of my doctor and do hereby assume all responsibility for my participation and activities, and utilisation of equipment in my activities. In addition FitUK cannot accept responsibility for valuables left in the instructor's vehicles.

Signature _____ Date _____

Print name _____