



## PRE EXERCISE QUESTIONNAIRE

First Name:

D.O.B:

Surname:

Phone:

Address:

This form is designed to assess whether you need a medical clearance before you commence an exercise program, join a health & fitness facility or aim to increase your current level of physical activity.

Please read each question carefully and answer them to the best of your knowledge.

- |  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| 1. Has your doctor ever said you have heart trouble or have you ever suffered a stroke?  | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 2. Do you ever experience unexplained pains in your chest at rest or during physical activity/ exercise?   | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 3. Do you ever feel faint or have spells of dizziness during physical activity/ exercise that causes you to lose balance?                                | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 4. Have you had an asthma attack requiring immediate medical attention at any time over the past 12 months?  | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 5. If you have diabetes (type I or type II) have you had trouble controlling your blood glucose in the last 3 months?                                    | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 6. Do you have any diagnosed muscle, bone or joint problems that you have been told could be made worse by participating in physical activity/ exercise? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 7. Do you have any other medical condition(s) that may make it dangerous for you to participate in physical activity/ exercise?                          | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

**If you answered YES to any of the above questions we require that you obtain clearance from a GP or health professional prior to undertaking or participating in a fitness activity in our facility.**

**AN INDUCTION / ORIENTATION IS OFFERED TO ALL PERSONS ABOVE 18YRS**

Please sign here if you do not wish to take part in an Induction

Signed .....

