

Health and Medical Screen (strictly confidential)

Name:

Date:

Class/session day & time:

Address:

Email: We keep in touch via email (please write clearly)

Mobile phone number:

D.O.B:

Next of Kin: Name:

Contact Number:

Medical History & Health Status –conditions that may affect your physical activity

1. Have you ever suffered from heart trouble? YES NO
2. Are you presently taking any form of medications? please list items below YES NO
3. Have you ever suffered from chest pains at rest or during activity? YES NO
4. Do you ever have spells of dizziness or feel faint? YES NO
5. Have you ever had asthma, chronic bronchitis or any other chest ailments? YES NO
6. Do you suffer from back/neck pain or any bone, joint or orthopaedic problem? YES NO
7. Do you suffer from severe headaches or migraines? YES NO
8. Are you recuperating from a recent illness/operation or injury? please specify below YES NO
9. Are you pregnant? If yes, how many months? YES NO
10. Do you have any pelvic pain, pelvic floor dysfunction or had pelvic surgeries? YES NO
11. Do you have any sensory deficits? e.g. hearing, eyesight, neurological conditions YES NO
12. Do you have any other medical condition that may affect physical activity? YES NO
13. Do you require any special assistance due to a disability to access physical activity? YES NO
14. **Have you been in contact with anyone displaying signs or symptoms of illness or COVID-19 in the last two weeks? YES or NO**
15. **Have you displayed any signs and symptoms of illness or COVID-19 in the last two weeks? YES or NO**

PLEASE NOTE: If you answered YES to any of questions 1 to 12, you are advised to seek medical advice/approval before commencing an EXERCISE INDUCTION OR EXERCISE PROGRAMME.

Should I answer **YES** to any of questions 1 to 13 of this questionnaire, I should seek medical advice/approval before commencing an exercise programme. If I wish to continue without such advice, I do so entirely at my own risk and do not hold Fitskool or any of the company's instructors liable for any injury as a result.

I confirm that I have read, fully understood and answered the above questions honestly. I understand that exercise classes or workshops at Fitskool do not replace or constitute medical advice. I confirm that should my health status change, for my own safety, it is my responsibility to inform Fitskool and the teacher immediately. I accept the terms and conditions of booking which are available in full, on the Fitskool website at www.fitskool.com

Signed:

Print name

Date

I declare that I do not currently I experience any symptoms related to the Covid-19 virus. If subsequently I develop symptoms of Covid 19 and/or I am informed that I have been in contact with anyone displaying symptoms, or who has been diagnosed with Covid 19; I will inform Fitskool immediately and refrain from attending the Fitskool Studio until cleared to do by my doctor. I agree to provide correct contact details and to receive emails for track and trace and public health purposes in line with Government guidelines.

Signed:

Print name

Date

Please note that your personal information is completely private and obtained in line with our public liability insurance and used solely for ensuring your safety during exercise at our facility or during livestream remote classes. You are not required to disclose any health information, medical history, medications or vaccination status to any other client, attendee or non-teaching associate of Fitskool.

Our privacy policy: We never share or sell your information; all data is secured and private. You have the right to request details of any information we hold about you and/have it deleted or corrected. Full policy available to view on our website. Please indicate if agree to subscribe to Fitskool emails relevant to your sessions - *please note that we keep in touch with you and send out important notices via email.*

I am willing to receive private emails to update me about my sessions: **Yes** **No**

Newsletter subscription permission: **Yes, please subscribe me.** **No thank you**

NOTES & MEDICATIONS THAT MAY AFFECT YOUR EXERCISE

Please enter any additional information here