

Health and Medical Screen (Strictly confidential)

Name:..... Date.....

Class/session time, day and venue.....

Address:.....

Email - Please write clearly:.....

Mobile:D.O.B.....

Next of Kin: Name..... Contact Number.....

Medical History & Health Status

- | | | |
|-----|---|----------|
| 1. | Have you ever suffered from heart trouble? | YES / NO |
| 2. | Are you presently taking any form of medication? (please list items on reverse) | 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? (arthritis, osteoporosis, hip/knee/shoulder issues etc.) | 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 on reverse) | 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? (hearing, eyesight, neurological problems) | 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 |

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.

*If I answer YES to any of questions 1 to 12 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 or ill health as a result.
I confirm that I have read, fully understood and answered the above questions honestly. I understand that should my health status change, for my own safety, it is my responsibility to inform Fitskool and the teacher immediately.*

Signed: **Date:**

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

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

Where you heard about us?.....