

Name:	D.O.B:	Age:
Address:	Home No.	Mobile No.
Doctor Name:	Surgery & Tel No.	
Email:		

Have you ever suffered from any form of heart Disease?	Yes	No
Is there any history of heart disease in your immediate Family?	Yes	No
Have you ever suffered from high or Low Blood pressure?	Yes	No
Do You Smoke?	Yes	No
If yes please state how many _____		
Do you suffer from Diabetes / Epilepsy / Asthma?	Yes	No
Are you currently taking any Medication?	Yes	No
If yes please state _____		
Do you have any injuries or any joint or Muscular pain? i.e. Arthritis / Osteoporosis	Yes	No
Do you have a stressful job / lifestyle?	Yes	No
Are you recovering from an illness or operation?	Yes	No
If yes please state _____		
Are you pregnant or given birth in the last Year?	Yes	No
Are you involved in any regular exercise?	Yes	No
Have you been referred by a medical professional?	Yes	No

I declare that the information above is true to my knowledge, and I see no reason not to participate in physical activity. I understand that I take part in any recommended activity by the trainer entirely at my own risk and I waive any legal resource for damages to myself or to the property arising from my participation.

Print Full Name _____

Sign & Date _____