

EXERCISE SAFETY QUESTIONNAIRE

NAME:			
ADDRESS:			
TELEPHONE:		AGE:	
DOCTORS NAME:			
DOCTORS ADDRESS:			

For your safety, please answer the following questions by circling the appropriate box and read the Exercise Advice below.

1). Have you ever had any injury, back or joint condition that may be aggravated by vigorous exercise?	YES	NO
2). Have you ever had: Arthritis, Diabetes, Epilepsy, Hernia, Dizziness, Gout, Circulation problems, Asthma or an Ulcer	YES	NO
3). Have you ever had a Heart condition, High blood pressure, Rheumatic Fever, Stroke, High Cholesterol, Palpitations, Murmurs or Pains in the Chest?	YES	NO
4). Has any direct family member had a heart problem prior to the age of 60?	YES	NO
5). Are you now are have you recently been pregnant?	YES	NO
6). Are you taking any prescribed medicine	YES	NO
7). Is there any other condition that might be reason to modify your exercise program?	YES	NO
8). Have you been doing regular vigorous exercise lately?	YES	NO
<p>If YES, in what category would you rate your present state of fitness?</p> <p>Very Unfit <input type="checkbox"/> Below Average <input type="checkbox"/> Unfit <input type="checkbox"/> Average <input type="checkbox"/> Fit <input type="checkbox"/></p>		
<p>9). What is/are your main reasons for joining the gym?</p> <p>Muscle Tone <input type="checkbox"/> Maintain Fitness <input type="checkbox"/> Improve Fitness <input type="checkbox"/> Fat Loss <input type="checkbox"/> Sports Training <input type="checkbox"/></p> <p>Increase Size <input type="checkbox"/> Good Health <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Social <input type="checkbox"/></p>		

EXERCISE ADVICE:

- 1). Work at your own pace and learn to do each exercise correctly and therefore safely. On each visit you will be able to work a little harder. Please ask your instructor for guidance.
- 2). Please wear suitable training shoes an comfortable clothing that does not restrict your movement.
- 3). Start at a sensible pace if you are pregnant as you are responsible for the health of your baby.
- 4). Should your health status change in the future, please tell us.
- 5). For your safety, please take notice of all coaching advice given by your instructor.

To improve your fitness, Exercise at least 3 times weekly.

Fitness Assessments are to be completed to help you start safely and to monitor your progress. For advice or assistance, ask your Instructor.

I have completed the EXERCISE SAFETY QUESTIONNAIRE and understand the EXERCISE ADVICE given above.

RESTING HEART RATE:	BODY FAT PERCENTAGE:
BLOOD PRESSURE (Sys/Dia): /	
CLIENT SIGNED:	INSTRUCTOR SIGNED:
	DATE: