***Pre Exercise Questionnaire***

Date………………………………………………………………….. Date of Birth……………………………………………………………

Name……………………………………………………………….. Phone No………………………………………………………………..

Address……………………………………………………………………………………………………………………………………………….

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Doctor’s Name………………………………………........... Phone No………………………………………………………………..

Emergency Contact…………………………………………. Phone No…………………………………………………………………

In order to help our staff ensure that your physical training with us is safe and effective, it is necessary that you answer all the questions below:

Please circle Yes or No if the following if this applies to you:

1. Has your doctor ever said that you have a bone or joint problem, such as arthritis, that has been aggravated by exercise or might be made worse with exercise? **Yes/No**
2. Do you have high blood pressure? **Yes/No**
3. Do you have low blood pressure? **Yes/No**
4. Do you have Diabetes Mellitus or any other metabolic disease? **Yes/No**
5. Has your doctor ever said that you have raised cholesterol **Yes/No**
6. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by your doctor? **Yes/No**
7. Have you ever felt pain in your chest when you do physical exercise? **Yes/No**
8. Is your doctor currently prescribing you drugs or medication? **Yes/No**
9. Have you ever suffered from unusual shortness of breath at rest or with mild exertion? **Yes/No**
10. Is there any history of Coronary Heart Disease in your family? **Yes/No**
11. Do you often feel faint, have spells of severe dizziness or have lost consciousness? **Yes/No**
12. Do you currently drink more than the average amount of alcohol per week (21 units for men and 14 units for women)? **Yes/No**
13. Do you currently smoke? **Yes/No**
14. Do youcurrently exercise on a regular basis (at least 3 times a week) and work in a job that is physically demanding? **Yes/No**
15. Are you, or is there any possibility that you might be pregnant? **Yes/No**
16. Do you know of any other reason why you should not participate in a programme of physical activity? **Yes/No**

Comments…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

**It is essential that you notify us of any changes.**

**I declare that to the best of my knowledge the information given above is correct and that I have no reason why I should not participate in an exercise programme.**

**I declare that I have been inducted into the correct techniques involved in lifting weights and the correct procedure in the use of all gym equipment.**

**I understand that adapting the original use of any of the gym equipment is not permitted.**

**Signed……………………………………………………………………………**

**Date…………………………………………………………………….**