

Pre-exercise Questionnaire

Title: _____ First name: _____

Surname: _____

Address: _____

Postcode: _____

Occupation: _____ Date of birth: _____

Tel. Day: _____ Tel. Eve: _____

Emergency contact name: _____ Relationship: _____

Doctors name: _____ Surgery: _____

Do you or have you ever suffered from:

High or low blood pressure: Yes/No

Asthma/Epilepsy/Diabetes: Yes/No

Back pain: Yes/No

Bone or joint problems that may be aggravated by exercise: Yes/No

Heart Disease: Yes/No

Is there a history of heart disease in your family? Yes/No

Have you had any major operations or illnesses? Yes/No

Are you pregnant or a new mother? Yes/No

Are you currently taking medication? Yes/No

Do you smoke? Yes/No

Details of any yes responses eg heart disease, operations, illnesses or medication:

Do you know of any other reasons why you should not participate in exercise

I confirm that the above information is accurate to the best of my knowledge and belief at the date shown below. I undertake to inform the site if there are any changes at a future date before continuing to exercise. If at any time I feel unwell or experience pain (rather than discomfort) I will stop exercising, inform an instructor and consult my doctor. I understand that I may be asked to produce a doctors note before exercising. I agree it is my responsibility to ensure that I can safely and comfortably follow any activity I undertake. Unless caused by their negligence, no liability for death, illness or injury is accepted by South Bristol Sports Centre.

Signed: _____ Date: _____

Instructors appraisal: _____ Date: _____

Further questioning: _____

Exercise restrictions: _____

Follow up action: (eg refer to doctor) _____