



Health Screening Form

Participating in physical activity carries a whole host of benefits physically and mentally. However, in some cases it is necessary for people to check with their doctor before undertaking any new physical activity.

If you intend to participate in a program of physical activity which you are not used to, please begin by answering the questions in the following section.

Should you have any doubts, please check with your doctor before commencing a program.

Please complete the form fully and honestly and feel free to ask any questions of your instructor.

Name: _____

Date: _____

Age: _____

Gender: Male/ Female

Contact Number: _____ Contact E Mail: _____

Doctors Name: _____ Surgery: _____

Emergency Contact:-

Name: _____ Phone: _____

Please indicate if any of these statements apply to you by placing a YES in the space provided (past or current).

- | | |
|--|--------|
| 1. History of heart problems (ie chest pains, heart murmur or stroke) | Yes/No |
| 2. Diabetes | Yes/No |
| 3. Asthma, breathing or lung problems | Yes/No |
| 4. Allergies | Yes/No |
| 5. Cancer | Yes/No |
| 6. Seizures, seizure medication, neurological problems or dizziness | Yes/No |
| 7. High Blood Pressure | Yes/No |
| 8. Back problem, joint or muscle injury still affecting you | Yes/No |
| 9. Recent surgery (last 12 months) | Yes/No |
| 10. Hernia or any condition that may be aggravated by exercise | Yes/No |
| 11. Physicians advice not to exercise | Yes/No |
| 12. History of high cholesterol | Yes/No |
| 13. Family History of coronary heart disease | Yes/No |
| 14. Do you smoke? | Yes/No |
| 15. Are you taking any medication? | Yes/No |
| 16. Do you have a bone or joint problem that may be aggravated by exercise | Yes/No |
| 17. Is stress from daily living an issue in your life | Yes/No |

Please provide any additional information below:



If you have answered Yes to any of the Yes / No answers above, you may be asked to consult your doctor before commencing any program of physical activity. In the event of being asked to consult your doctor please ask for written confirmation from your doctor that they are happy for you to engage in high intensity training.

DECLARATION

As a condition of my enrolment, I accept full and complete responsibility for my own ability to healthfully engage in this program. I understand that engaging in a group fitness session may be potentially hazardous.

I hereby release Train Strong (Mind Body Goal) Personal Training, its directors and trainers from any responsibility or liability for any injury, damage or loss.

I have read and understood the above and sign below accordingly.

Signature: -

Date: -

Name: -