Health Screening and Consent Form

Name:		DOB:	
Address:		Phone:	
Doctor:		Phone:	
Emergency Contact:		Phone:	

Please answer the following questions by ticking the correct response.

		Yes	No
1	Do you have any heart problems?		
2	Is there a history of heart disease/stroke in your family?		
3	Have you ever experienced any pain or discomfort in your chest while exercising?		
4	Do you suffer from high blood pressure?		
5	Do you have any form of illness or disease, e.g. asthma, diabetes, epilepsy etc.?		
	If Yes please specify.		
6	Are you currently on any type of medication?		
7	Do you have any type of muscle, joint or back problems?		
	If Yes please specify.		
8	Have you had any surgery within the last four months?		
9	Are you pregnant or have been in the last four months?		
10	Do you have a hernia or any other condition that may be aggravated by lifting weights?		
11	Do you have any other conditions that may limit your exercise programme?		
12	Have you ever been advised by a doctor not to exercise?		
13	Do you smoke? If yes, how many per cigarettes per day?		
14	What type of exercise do you take, and how often?		

It is your responsibility to inform staff accurately.

Signed: _____Date:_____

Informed Consent

I _____declare that I intend to take part in the group fitness classes offered by FitForm. I am aware that as with all types of exercise, there is an inherent risk of heart attack, light headedness, fainting, cramps, muscle or joint injury etc. I acknowledge that my choice to participate in this programme brings with it the assumption by me of those risks, and I understand that I am free to withdraw from this programme or modify my activity levels at any time. I assume full responsibility during and after my participation to use or apply at my own risk any portion of the information/instruction I receive. I understand that FitForm accept no responsibility whatsoever for any injuries or death during or after participation in the programme.

I agree that I have read, understood and agree to the contents in its entirety of this informed consent agreement.

Signed_____Date_____

Signed_____Date_____