

Health Screening and Consent Form

Name: _____ Age: _____
Address: _____ Phone: _____
Doctor: _____ Phone: _____
Emergency Contact: _____ Phone: _____

Please answer the following questions by ticking the correct response.

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|--|-----|----|
| 1. Do you have any heart problems? | Yes | No |
| 2. Is there a history of heart disease/stroke in your family? | Yes | No |
| 3. Have you ever experienced any pain or discomfort in your chest while exercising? | Yes | No |
| 4. Do you suffer from high blood pressure? | Yes | No |
| 5. Do you have any form of illness or disease, e.g. asthma, diabetes, epilepsy etc.? | Yes | No |
| If yes please specify _____ | | |
| 6. Are you currently on any type of medication? | Yes | No |
| 7. Do you have any type of muscle, joint or back problems? | Yes | No |
| If yes please specify _____ | | |
| 8. Have you had any surgery within the last four months? | Yes | No |
| 9. Are you pregnant or have been in the last four months? | Yes | No |
| 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 _____