



Exercise Pre-Screening Questionnaire

This questionnaire is to be completed in preparation for physical activity. It is important that you disclose **ALL** existing medical conditions so that we/I may determine whether to seek further medical advice before commencing an exercise program. This questionnaire does not provide medical advice in any form and does not substitute advice from appropriately qualified professionals.

Title: _____ Name: _____ Surname: _____

Address: _____

Postcode: _____

Contact Number: _____ Email: _____

Age: _____ Date of Birth: _____

Emergency Contact Name: _____ Emergency Contact Number: _____

	Yes	No
Have you ever been told that you have a heart condition?		
Have you ever had a stroke?		
Do you ever have unexplained pains in your chest at rest or during physical exercise?		
Do you consistently feel faint or suffer from spells of dizziness?		
Do you suffer from asthma and require medication?		
Do you suffer from type I or type II diabetes?		
Do you suffer from any major muscle or joint conditions that may limit you or be aggravated by physical activity?		
Do you suffer from high blood pressure over 140/90 or low blood pressure below 100/80?		
Have you previously used gym equipment?		

Disclaimer:

If you have answered no to all the above questions and you are confident that you have no other health conditions, then you may proceed to participate in physical activity. If you have answered yes to any of the questions above or are unsure, please seek a referral from your GP or allied health professional before commencing physical activity.

I believe to the best of my knowledge that all the information I have provided on this questionnaire is accurate. In the case that my medical condition changes over the course of my training, I will inform my trainer and fill out a new exercise pre-screening questionnaire.

Client signature: _____ Trainer Signature: _____

Date: _____

Date: _____