

Name: **Male/Female:** **D.o.B:**
Address: **Tel No (Evening):**

Medical evidence suggests that exercise can be positively beneficial for people with some of the following disorders, provided that it is carried out with proper supervision.

Please complete the form below.

Have you suffered from any of the following medical conditions ?

Are you taking any of the following medication ?

CHD, Angina, Heart Attack	Yes / No	Diuretics	Yes / No
Heart Murmur, Chest Pains, Palpitations	Yes / No	Insulin	Yes / No
High Blood Pressure	Yes / No	Diabetic Pill	Yes / No
High Blood Cholesterol	Yes / No	Epilepsy Medication	Yes / No
Thrombosis Blood Clot	Yes / No	Beta Blocker/Ace inhibitors	Yes / No
Haemophilia	Yes / No	Heparin/Warfarin	Yes / No
Stroke	Yes / No	Anti-Depressants	Yes / No
Cancer	Yes / No	Other (please specify)	Yes / No
Epilepsy, Fainting or Dizziness	Yes / No		
Diabetes	Yes / No		
Asthma or Respiratory Illness	Yes / No		
Osteoporosis (Brittle Bones)	Yes / No	Do you smoke (if so, how many cigarettes per day) ?	Yes / No
Osteoarthritis	Yes / No	Are you pregnant ?	Yes / No
Neck or Back Pain	Yes / No	Have you had a baby in the last 6 months ?	Yes / No
Hip Pain	Yes / No		
Knee Pain	Yes / No	Have you had any major operations or bone fractures (give details) ?	Yes / No
Ankle Pain	Yes / No		
Any other Joint Injury (please specify)	Yes / No		

Do you currently take regular exercise ? Yes / No

Are there any other reasons you are aware of that may prevent you from exercising safely? If so, please specify. Yes / No

Clients suffering from asthma, diabetes or angina MUST ALWAYS have their medication with them and show it to the instructor before commencing any exercise programme

I hereby acknowledge that the nature of the exercise I am about to undertake has been fully explained. Whilst I am aware that all care will be taken by the instructors, I do so at my own risk.

Name (Print) :

Signed :

Date :