

Revitalize Health & Fitness

Client Screening Form

(This Form **must** be completed prior to engaging in your health & fitness Programme)

Private & Confidential

Name:	Address:
Mobile/Tel No.:	Email:
Date of Birth:	Gender:
Doctors Name:	Telephone No.:
Emergency contact: (next of kin)	Telephone No.:

Describe your current level of activity/exercise: *none* *some* *lots*
(circle your description)

Health screening questions:

Yes or No

- 1) Has your doctor ever advised you against exercise? _____
- 2) Do you suffer from pains in your chest, at rest or during exercise? _____
- 3) Do you have any bone or joint problems that may be aggravated by exercise? _____
- 4) Do you have any allergies? _____
- 5) Do you have asthma? _____
- 6) Do you suffer from high blood pressure? _____
- 7) Are you on any medication? _____
- 8) If yes to No. 8, what is this medication for: _____
- 9) Have you had an operation recently i.e in the last 6 months? _____
- 10) Are you currently pregnant or have been in the last 4 months? _____
- 11) How would you describe your present health e.g. 1 = poor, 10 = excellent _____
- 12) Is there any reason, known to you, why you should not participate in this Activity? _____

Important:

To the best of my knowledge, the above information is accurate and complete. Where I have answered **YES**, I have consulted with my Doctor regarding the issue and he/she has given me permission to engage in this Training Programme/Class. I understand that written GP clearance may be required before I commence and I agree to provide this on request.

Signature: _____

Date: _____