

Power Fitness Northwich Medical Questionnaire

(Information retained confidentially for communication and emergency purposes only)

Personal Details

Name _____ Date of Birth ____/____/____ Age _____

Address _____

Email Address (for class updates) _____

Contact Tel Number _____ How did you hear about class _____

Emergency contact name _____ Emergency contact number _____

Medical Details

Should you answer 'Yes' to any of the following, we strongly recommend consulting your GP before participating in any exercise and accepting any risks (**please circle as appropriate**):-

1. Are you a fitness instructor / personal trainer? Y / N
2. Are you pregnant? Y / N
3. Do you have epilepsy? Y / N
4. Do you have high blood pressure? Y / N
5. Do you have back, bone or joint problems which could worsen with exercise? Y / N
6. Do you have a heart condition / experience chest pains? Y / N
7. Do you have any lung problems other than asthma? Y / N
8. Do you ever become light-headed or dizzy? Y / N
9. Do you experience shortness of breath / or are you asthmatic? Y / N
10. Do you have raised cholesterol? Y / N
11. Are you diabetic? Y / N
12. Are you post natal? Y / N
13. Are you currently taking any medication / have any side effects? Y / N
14. Have you had a recent operation / chronic illness / injury? Y / N
15. Do you have any movement restrictions / posture problems? Y / N
16. Are you aware of any reason why you shouldn't participate in exercise? Y / N

Please provide details for any 'Y' responses & discuss with your instructor prior to participating in a class

I accept any risks involved in participating in a Fitness class, and have sought medical advice where applicable. I will inform the instructor if my medical condition should change, and seek medical advice prior to continuing in classes. I am aware completing a cool down at the end of the class is essential to mitigate injury, and accept any risks involved should I leave at any time before the class has ended. I am aware Power Fitness Northwich and/or their Instructors accept no liability for my participation.

Participant Signature _____ Date ____/____/____

participants under 15 years old are unable to participate in an Adult fitness class

(06/16)