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www.bannatyne.co.uk

# pre-exercise questionnaire

For your safety please answer the following questions and read the exercise advice below

Name	<input type="text"/>	D.O.B.	<input type="text"/>
Address	<input type="text"/>	Telephone	<input type="text"/>
	<input type="text"/>		
Postcode	<input type="text"/>	Emergency contact	<input type="text"/>

Have you ever had any injury, illness, back or joint condition that you may feel could be aggravated by exercise?

Have you ever had Asthma, Diabetes, Epilepsy, Hernia, Dizziness, Gout, Circulation problems, Arthritis or an Ulcer?

Have you ever had a Heart Condition, Stroke, Palpitations, Murmurs or pains in the chest?

Have either of your parents or brother/sister had any heart problems prior to the age of 60?

Are you pregnant or recently given birth?

Are you taking any prescribed medicine?

Is there any other condition not mentioned in the above that we need to know about to ensure that we design the correct programme to suit your needs?

**If you have answered yes to any of the above questions or you are not sure please consult your doctor before partaking in any form of exercise. If no, please answer the remaining questions.**

Do you currently participate in regular exercise? If yes, please state?

How would you describe your current physical condition?

What are the main benefits you aim to achieve from exercising (please tick)

Weight loss	Fitness Improvement	Increase Size	Muscle Tone	Sports Specific	Good Health	Stamina
<input type="checkbox"/>						

If **any** of the above information changes please inform the club immediately.

## Fitness Declaration

I declare that to the best of my knowledge, the information given is correct and I know of no reason why I should not participate in an exercise programme or class. I understand that I enter into any exercise programme entirely at my own risk.

Signed  Date