

MEDICAL QUESTIONNAIRE

Name:..... Name of baby:..... Age of baby.....
DOB:..... Age:.....

Address:.....

Tel:..... Occupation:.....Email

GP's Name and Address.....

YES NO (Please tick as appropriate)

1. Has your doctor indicated that you have heart trouble?
2. Do you frequently have heart or chest pain?
3. Do you often feel faint or have spells of severe dizziness?
4. Has your doctor ever said that your blood pressure was too high?
5. Have you had a C-section?
6. Do you consider yourself active?
7. Do you have a bone or joint problem such as arthritis that may be aggravated by exercise?
Please give details.....
8. Do you suffer from knee or back pain?
9. Have you had any injuries in the last 3 years? Please give details including information on
Any treatment received.....
10. Is there a good physical reason not to mention here why you should not follow an
Exercise programme?
11. Do you have a cholesterol level above 6.0 mmol/l? Don't knowO
12. Do you currently smoke more than 10 cigarettes a day?
13. Do you have a history of diabetes?
14. Do you consider yourself to be under excessive stress at present?
15. Is there a history of coronary or other circulatory disease in parents or siblings
Prior to the age of 55?
16. Do you suffer from epilepsy?
17. Do you regularly take medication? Have you ever taken steroids for more than 1 month?
Please give details.....

REASON FOR EXERCISE

I want to exercise for the reason(s) of ;

- Improved General Fitness Weight loss and Toning Increase energy levels
 De-stress/General well being Flexibility Co-ordination Improved strength
 Improved aerobic endurance Increase size

18. Are you presently following an exercise programme?.....

19. If yes, how often and what type do you?.....

I have read and fully understand the health questionnaire and confirm that the answers I have given are correct. Should anything occur that changes the circumstances above, then I will cease exercise and notify my GP and instructor immediately. In signing this form, I understand that I carry full responsibility for myself in engaging in a programme of exercise.

Signature..... Date.....