

Mooncoin Health & Fitness centre

Date: _____

Date of Birth:

Phone: _____

Phone: _____

Have you ever been advised by your physician/doctor not to exercise _____

If yes, give details _____

Is your physician/doctor aware you are about to participate in an exercise programme?

Are you presently taking any medication? If yes, give detail

Health screening questions:

Yes No

1. Do you suffer from pains in your chest, at rest or during exercise
2. Do you have any bone or joint problems that may be aggravated by exercise
3. Are you pregnant or have recently had a baby?
4. Do you have any allergies?
5. Do you have asthmas?
6. Do you suffer from high blood pressure?
7. Have you had an operation recently?
8. Cigarette smoking habit (presently or within the last 6 months)
9. Diabetic
10. A history of heart problems in your family?
11. Sedentary lifestyle?
12. Epilepsy/seizures/Anorexia/Diuretics
13. Do you get out of breath after slight exertion?

Musculoskeletal Conditions**Yes No**

Back Pain

Arthritis

Osteoporosis

Recent surgery within the last three months

Injuries

Do you have or had any of the following

Shoulder/hip/knee/back injury

Angle/neck/wrist/elbow injury

Shin splints/strains/breakage/stress fractures

Any exercise that aggravates injury

Any other exercise related injuries I should know about

Exercise history

Describe current physical activity and exercise program if any _____

Your preferred form of exercise _____

What are your aims & goals _____

To the best of my knowledge, the above information is accurate and complete.

If you answered YES to any of the above questions please consult with your doctor before embarking on this exercise programme.**Signature:** _____ **Date:** _____**Signed in by:** _____