

Health Questionnaire – Progress Fitness

For your safety, it is important that I am aware of your current medical and physical status. Please complete this form as fully as possible. All information provided will remain confidential. Please let me know if any of these details change in the future.

Name:	Telephone numbers [mobile and home]:
Email:	Emergency contact name and number:

Please circle yes or no to the following:	
Has your doctor ever told you that you have; high blood pressure (hypertension), heart disease (e.g. angina), diabetes, epilepsy, breathing problems (e.g. asthma) or any bone or joint problems (e.g. arthritis)?	Y/N
Are you pregnant, breast-feeding or have you given birth in the last 6 weeks?	Y/N
Are you currently suffering from an injury or illness?	Y/N
Do you suffer from dizziness or fainting?	Y/N
Are you currently taking any medication?	Y/N
If you answered yes to any of the above, please use this space to give further information:	

Is there anything that you are aware of that would necessitate a modification to your participation? Is there anything else that you feel I should know about? (use the back of this form if needed).	
I want to help you to improve your fitness. What are your fitness goals? e.g. improve/stay flexibility, become stronger, get fitter, improve posture...	
How did you hear about Progress Fitness?	

Informed Consent for Exercise Participation

I confirm that I am aged 16 or over and would like to take part voluntarily in fitness classes in order to attempt to improve my physical fitness.

I understand that the cardiovascular activities are designed to place an increasing workload on the heart and lungs and to thereby attempt to improve their efficiency. Toning exercises will exert muscles which should improve muscular endurance and flexibility exercises should improve/maintain range of motion.

I understand that I am responsible for monitoring myself throughout the class and, should any unusual symptoms occur, I would cease participation and inform the instructor of the symptoms.

In the event of any injuries occurring as a result of attendance, Progress Fitness and Lynne Langmead are released from any liability now, or in the future, for conditions that may be obtained from participation.

Please tick the box below if you give consent for me to email you about class cancellations, new classes and updates:

Email permission

In signing this consent form, I confirm that I have read this form and that I understand the nature of the exercise programme. I also confirm that my questions regarding the exercise programme have been answered to my satisfaction.

Signed: _____ Date: _____