 **HEALTH QUESTIONNAIRE**

**Please complete all sections in BLOCK CAPITALS and TICK where appropriate**

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐ (Please state)

First Name: Last Name:

Address:

Postcode: Contact No:

Occupation: Company:

Date of Birth: Age:

1. Has a doctor ever said that you have a heart condition and that you should only do physical activity

which they have recommended to you? Yes ☐ No ☐

2. Do you feel pain in your chest when you do physical activity? Yes ☐ No ☐

3. In the past month, have you had chest pain when not doing physical activity? Yes ☐ No ☐

4. Do you lose balance because of dizziness or do you ever lose consciousness? Yes ☐ No ☐

5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? Yes ☐ No ☐

6. Have you ever been told by your doctor that you have high blood pressure? Yes ☐ No ☐

7. Is your doctor currently prescribing drugs for your blood pressure or a heart condition? Yes ☐ No ☐

8. Do you have diabetes mellitus? Yes ☐ No ☐

9. Do you suffer from epilepsy? Yes ☐ No ☐

10. Do you suffer from an allergy? Yes ☐ No ☐

 If yes, which medication do you take?

11. Do you suffer from asthma or shortness of breath at rest or with mid exertion? Yes ☐ No ☐

12. Do you suffer from unusual fatigue with usual activities? Yes ☐ No ☐

13. Do you regularly get a sharp pain in your lower leg when walking up hill or upstairs which

disappears within 1-2 minutes of stopping? Yes ☐ No ☐

14. Are you, or is there any possibility that you are pregnant? Yes ☐ No ☐

15. Do you know of any other reason why you shouldn’t do physical activity? Yes ☐ No ☐

**If you have answered YES to ANY of the questions above,** please speak to your GP before participating in a SIMFIT100 class. If in any doubt, please seek your doctor’s advice about your suitability to participate in progressive and unrestricted physical activity.

How would you describe your current level of fitness?

Very Fit ☐ Fit ☐ Average ☐ Unfit ☐

**Declaration**

**In consideration of being allowed to participate in the activities and programmes at SIMFIT100, I acknowledge that:**

1. I am aware of and understand the potential risks and dangers associated with physical activity including the use of equipment and I am voluntarily participating in these activities with knowledge of the risks and dangers involved.
2. I understand that exercise and fitness activities in and outdoors involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment and facilities with knowledge of the dangers involved. I hereby agree and expressly assume all and any risks of injury or death.
3. I know of no reason why I should not participate in any of the programmes and activities at SIMFIT100. I hereby declare myself free of any condition, disease, infirmity or illness that may affect my participation. I agree to inform a member of staff and where appropriate provide written consent from my doctor should such a condition or complaint arise before continuing with any activity.
4. I agree to abide by all oral notices regarding safety whilst at a SIMFIT100 class. I am aware I have the opportunity to ask questions about the activities, general use of equipment and other related issues at class. If I choose not to take the advice or to disregard any advice given, I do so voluntarily and accept liability for all resulting injuries or damage.
5. I do hereby waive, release and discharge SIMFIT100 from any and all responsibility or liability for injuries or damages resulting from my participation in any activities or my use of equipment or facilities in the above mentioned activities.
6. This questionnaire has been completed accurately to the best of my knowledge and belief.

**I have read, understood and completed this questionnaire and agree to be bound by its conditions.**

**Signed: Date:**

**Print Name:**