

## Health & Fitness Questionnaire

**Name:**

**Address:**

**Mobile:**

**Emergency Contact (Name & Tel):**

Please read the following carefully and check the correct answer opposite the question if it applies to you (place a tick or cross in the appropriate box)

	Yes	No
1. Has your doctor ever said that you have a bone or joint problem, such as arthritis, that has been aggravated by exercise or might be made worse with exercise?		
2. Do you have high blood pressure?		
3. Do you have low blood pressure?		
4. Do you have Diabetes Mellitus or any other metabolic disease?		
5. Has your doctor ever said you have raised cholesterol (serum level above 6.2mmol/L)?		
6. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?		
7. Have you ever felt pain in your chest when you do physical exercise?		
8. Is your doctor currently prescribing you drugs or medication?		
9. Have you ever suffered from unusual shortness of breath at rest or with mild exertion?		
10. Is there any history of Coronary Heart Disease in your family?		
11. Do you often feel faint, have spells of severe dizziness or have lost consciousness?		
12. Do you currently drink more than the average amount of alcohol per week (21 units for men and 14 units for women)?		
13. Do you currently smoke?		
14. Do you NOT currently exercise on a regular basis (at least 3 times a week) and/or work in a job that is physically demanding?		
15. Are you, or is there any possibility that you might be pregnant?		
16. Do you know of any other reason why you should not participate in a program of physical activity?		

**If YES please give details**

## **Assumption of Risk**

I hereby state that I have read, understood, and answered honestly the questions above. I also state that I wish to participate in activities, which may include aerobic exercise, resistance exercise, and stretching. I realise that my participation in these activities involves the risk of injury. I agree to advise the Instructor if there are any changes in my medical condition and understand that the Bootcamp instructor will not be liable for any injury or illness that may occur.

**Participant Signature:**

**Date:**

**Instructors' Signature:**

**Date:**