

## Health Screening Form

Name	
Address	
Contact Number	
Email	
Date of Birth	

### Emergency Contact Details

Name		Contact Number	
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Please read the following questions thoroughly and answer them honestly:

		YES	NO
1	Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor?		
2	Do you feel pain in your chest when you do physical activity?		
3	In the past month have you had chest pain when not doing physical activity?		
4	Do you lose your balance because of dizziness or do you ever lose consciousness?		
5	Do you have a bone or joint problem (e.g. back, knee, hip) that could be made worse by a change in your physical activity?		
6	Is your doctor currently prescribing medication for your blood pressure or heart condition?		
7	Are you pregnant or have you been pregnant within the last three months?		
8	Do you know of any other reason why you should not do physical activity?		
If YES to any of the above, please provide more details ...			

**YES to one or more questions:** You should consult with your doctor to clarify that it is safe for you to become physically active at this time and in your current state of health.

**No to all questions:** You can be reasonably sure that it is safe for you to participate in physical activity, gradually building up from your current ability level.

Please be aware that photo's may be taken during training sessions and used on social media or on our website. If you are unhappy with this then let us know.

### DECLARATION

"I have read, understood and accurately completed this questionnaire. I can confirm that I am voluntarily engaging in an acceptable level of exercise, and my participation involves a risk of injury. I hereby release bfit2 from any responsibility or liability for any injury, damage or loss".

Clients Name:	Trainers Name:
Signature:	Signature:
Date:	Date: