



Health Declaration:

1. Do you have any bone or joint problems that may be aggravated or made worse by exercising?	Yes/No
2. To your knowledge, do you have high or low blood pressure?	Yes/No
3. Do you have any metabolic disorders such as diabetes mellitus?	Yes/No
4. Has your doctor ever said you have raised cholesterol?	Yes/No
5. Do you or have you ever suffered from a heart condition?	Yes/No
6. Have you ever had pain in your chest when carrying out physical activities?	Yes/No
7. Is your doctor currently prescribing you drugs or medication?	Yes/No
8. Have you ever suffered from shortness of breath at rest or mild exercise?	Yes/No
9. Is there a history of coronary heart disease in your family?	Yes/No
10. Do you ever feel faint, have spells of dizziness or lose consciousness?	Yes/No
11. Do you currently drink more than the recommended weekly alcohol allowance? (21 units = men 14 = women 1unit ½ pint beer, cider, small glass of wine)	Yes/No
12. Do you currently smoke?	Yes/No
13. Are you currently inactive? (less than 2/3 times per week)	Yes/No
14. Are you or is there any possibility that you are pregnant?	Yes/No
15. Do you know of any other reason you shouldn't exercise?	Yes/No

NOTES:

Please provide any other relevant information

Personal Details

Forename: _____ Address: _____
 Surname: _____
 Gender: _____ Male / Female _____
 D.O.B: (dd/mm/yyyy) _____
 Occupation: _____ Postcode: _____
 E-mail: _____
 Contact No: _____ Health Declaration Complete: Y/N (For Office use only)

Assumption of risk: I hereby state that I have read, understood and answered all the questions on this form honestly. I confirm that I wish to take part in physical activity that may include aerobic, resistance and stretching exercises. I understand that my participation in these activities involve the risk of injury and even the possibility of death. I confirm that I am voluntary engaging in an acceptable level of exercise that has been recommended to me.

Client Signature _____ **Date** _____
Trainer Signature _____ **Date** _____