

Your Information

First Name _____ Surname _____

Address _____

Contact Number _____ Email _____

D.O.B _____ Emergency Contact _____ Phone _____

Medical Information

Do you have any medical conditions that may prevent you from exercising? **YES NO**

Please tell me about it _____

1 Has a doctor ever said that you have a heart condition and recommended only medically supervised activity?	Yes	No
2 Do you currently or have you in the recent past experienced any chest pain brought on by physical activity?	Yes	No
3 Have you developed any chest pain either at rest or during physical activity during the last month?	Yes	No
4 Have you ever suffered from loss of consciousness as a result of physical activity or fallen as a result of dizziness?	Yes	No
5 Do you have a history of high blood pressure and if so have you or are you currently taking medication for this condition?	Yes	No
6 Do you suffer from any bone, joint or soft tissue injuries either acute or chronic that would prevent or inhibit increased exercise? If so tick yes and please give further information under question 14	Yes	No
7 Do you have any artificial implants? If so please list these below.	Yes	No
8 Are you pregnant or have you recently had a baby?	Yes	No
9 In the past year have you had major surgery or suffered a major injury?	Yes	No
10 Have you ever been diagnosed or suffered from Epilepsy, Diabetes or Asthma (Please Specify)	Yes	No
11 Are you currently feeling unwell due to a cold, flu or other illness?	Yes	No
12 Are you currently dieting/fasting? (<i>a healthy diet need not be disclosed here, we are seeking information on any medically prescribed or alternative medicine diet</i>)	Yes	No
13 Are you currently taking any medication? Please list below.	Yes	No
14 If you are aware of any other reason that may be relevant to your or other program members health please disclose this below, this includes any reasons what so ever that may be cause for concern if you were to increase your exercise		



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If you have answered YES to one or more questions we advise you contact your doctor before starting to exercise to ensure you are fit and healthy. **If your health changes, please advise a member of staff as soon as possible.**

By signing the below declaration you are stating that the above information is correct and that you have read understood *and agreed to the below statement and that for yourself, your heirs executors and assigns, waive, release and hold* harmless fit4 and staff from and all claims, demands, liabilities, rights or causes of action arising out of or in connection with participation in the service and/or associated activities. Participation in any fit4 programs is entirely at your own risk.

"I understand that any exercise program has some elements of risk associated to myself and those around me and I take it upon myself to discuss any changes in my (or my child's) current health with the staff. I have to the best of my knowledge provided accurate information regarding my (or my child's) present health status and I acknowledge that there are no other problems that would restrict my (or my child's) ability to participate in this exercise program."

NAME: _____

SIGNATURE: _____ DATE: _____

SIGNATURE OF INSTRUCTOR: _____ DATE: _____