



## Medical Screening Form

<b>NAME:</b>	<b>D.O.B:</b>
<b>SEX:</b>	
<b>ADDRESS</b>	
	<b>POSTCODE:</b>
<b>PHONE (Work)</b>	
<b>(Home)</b>	
<b>(Mobile)</b>	

### Pre Exercise Questionnaire

		YES	NO
<b>1.</b>	Has a doctor ever said that you have a heart condition? If so when? Any treatment?		
<b>2.</b>	Has a doctor ever said that you should only participate in medically supervised physical activity?		
<b>3.</b>	In the past month have you had any chest pain? Whilst you were doing any activity? No <input type="checkbox"/> Yes <input type="checkbox"/> At rest? No <input type="checkbox"/> Yes <input type="checkbox"/>		
<b>4.</b>	Are you taking any medication for your blood pressure or a heart condition?		
<b>5.</b>	Are you currently taking any other medication? If so what?		
<b>6.</b>	Is your blood pressure know to be high?		
<b>7.</b>	Is there a history of heart or coronary artery disease in either your parents or siblings before the age of 55?		
<b>8.</b>	Do you suffer from any bone or joint problems?		
<b>9.</b>	In the past year have you had any major illness or major surgery?		
<b>10.</b>	Have you ever been diagnosed with Diabetes?		
<b>11.</b>	Have you ever been diagnosed with Asthma?		
<b>12.</b>	Have you ever been diagnosed with Epilepsy?		
<b>13.</b>	Have you ever been diagnosed with Any other conditions?		



# Medical Questionnaire

Sarah Brookes Personal Training

(T) 01425 470 488 (M) 07701 051 287

(E) sarah\_brookes@hotmail.co.uk

(W) www.sarahbrookes.co.uk



14.	Do you experience loss of balance, dizziness or lose consciousness?		
15.	Do you experience shortness of breath with MILD exertion?		
16.	Are you feeling unwell at present?		
17.	Are you pregnant or have you given birth recently?		
18.	Do you smoke? If so how many per day?		
19.	Do you drink? If so how many units per day?		
20.	Do you have a disability or impairment?		
21.	Are you aware of any other reason why you should not exercise without medical supervision?		

If you have answered yes to any of the questions above you may need to get written consent from your G.P prior to commencing any programmes of activity or your programme may be restricted for safety reasons to a moderate intensity unless consent has been given by your G.P to work at a higher intensity. Moderate intensity being a level at which you are able to comfortably sustain exercise for up to at least 60 minutes.

If at anytime my health changes and I can answer YES to any of the above questions I will inform you as soon immediately.

I have read, understood and completed this questionnaire and understand that any programme undertaken is done so at my own risk.

Signed	
Date	

