



## Exercise Class Screening Form

This is your screening form to be completed prior to your first class with Rebecca Roach. All information will be kept confidential. Please fill out the form careful and thoroughly.

### PERSONAL DETAILS

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Email: \_\_\_\_\_ Phone (m) \_\_\_\_\_ Phone (h) \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone (m) \_\_\_\_\_ Phone (h) \_\_\_\_\_

#### GP

Name: \_\_\_\_\_ Surgery \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

#### Other Specialists seen in past 12 months (Physiotherapist / Chiropractor etc)

Name: \_\_\_\_\_ Practice/Role \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Name: \_\_\_\_\_ Practice/Role \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

### Health & Physical Activity:

	Yes	No
Has a doctor ever said you have a heart condition and you should only participate in medically supervised physical activity?		
Do you have or feel chest pain during physical activity?		
Do you experience loss of balance due to dizziness or do you lose consciousness?		
Are you taking any medication for your blood pressure or a heart condition?		
Do you have an existing bone or joint problem that is likely to be made worse by physical activity?		
Do you experience shortness of breath with MILD exertion?		
Do you suffer with palpitations?		
Are you pregnant or have you given birth in the last 6 weeks?		
Do you have diabetes mellitus or epilepsy?		
Have you been in hospital in the last 6 months?		
Are you aware of any other reason why you should not exercise without medical supervision?		
Please expand:		

(if you answer yes to any of the above questions you will need to get written consent from your Doctor prior to commencing any program of activity)

### Joint & Bone Conditions

Do you suffer from:	Yes	No	Further Details
Swollen, stiff or painful joints?			
Hyper flexibility in joints or ligaments?			
Pain in your legs after walking short distances?			
Foot problems?			
Lower back pain?			
Mid/upper back pain?			
Neck / shoulder pain?			
Wrist or elbow pain?			
Broken bones?			
Other injuries or pain?			

#### Statement:

I recognise that the instructor is not able to provide me with medical advice regarding my medical fitness and this information is used as a guideline to the limitations of my ability to exercise. I have answered the questions to the best of my ability and understand the advice above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**BOOsT Camp with Rebecca Roach**

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