



Health Screening & Fitness Assessments 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: _____

Personal Training with Rebecca Roach

T: 07984 159824 E: Rebecca@everybod.com W: www.everybod.com



Health Screening & Fitness Assessments

This is your waiver form to be completed prior to your first exercise session. All information will be kept confidential. Please read and signature.

Agreement of Release and Waiver of Liability

I, _____, hereby agree to the following:

1. That I am participating in the Health & Fitness Classes, Programs or Workshops offered by Boost Camp and EveryBod Fitness during which I will receive information and instruction about health and fitness. I recognize that fitness programs require physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.

2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Health & Fitness Classes, Programs or Workshops. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the Exercise Classes, Health Programs or Workshops.

3. In consideration of being permitted to participate in Health & Fitness Classes, Programs or Workshops, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program.

4. In consideration of being permitted to participate in Health & Fitness Classes, Programs or Workshops, I knowingly, voluntarily and expressly waive any claim I may have against Boost Camp and EveryBod Fitness for injury or damages that I may sustain as a result of participating in the program.

5. I, my heirs or legal representatives forever release waive, discharge and covenant not to sue Boost Camp and EveryBod Fitness] for any injury or death caused by their negligence or other acts.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

DATE _____ SIGNATURE OF PARTICIPANT _____

Fitness Level:

New to exercise Irregular exercise 1-3 sessions per week

4+ sessions per week 4+ and races/events

Have you been to a running club before? Yes No

If yes, for how long did you attend and who was it with (optional)? _____

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