

FITNESS FOR MUMMIES Ltd.

EXERCISE SCREENING FORM



Please complete the screening form and discuss with your Instructor before participating in any physical activity or exercise session. All information will be kept private and confidential.

www.fitnessformummies.co.uk

PLEASE PRINT CLEARLY

How did you hear about the class?

Which Class / Classes are you interested in attending?

Name	D.O.B:
Mobile No.	Occupation:
Home Address:	
Email:	
Emergency contact name & no.	

Are you currently exercising?

If YES please describe activity, duration, intensity _____

What are your goals for participating in exercise? _____

1. Have you experienced any of the following past or present? (Please tick)

IMPORTANT If YES please discuss with your GP / Instructor before exercise.

- | | | |
|--|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> Wrist pain-Carpel Tunnel Syndrome |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Abdominal cramps |
| <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Heart attack | <input type="checkbox"/> Pelvis / Pubic pain |
| <input type="checkbox"/> Thyroid Issues | <input type="checkbox"/> Stroke | <input type="checkbox"/> Prolapse / weak Pelvic Floor |
| <input type="checkbox"/> Hernia | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Join problem – neck / back / shoulder / knee / hip / ankle |
| <input type="checkbox"/> Migraine/Headaches | <input type="checkbox"/> Diabetes | <input type="checkbox"/> _____ |

2. Are you currently taking any medication of which the Instructor should be aware of? YES / NO _____

3. Are you PREGNANT or had a baby within the last 6 months? YES / NO _____

4. Is there any reason why you should not participate in physical activity? YES / NO _____

5. Please give any other information you feel is important _____

I hereby confirm that all the above information is correct and accurate at the time of activity. I know of no reason why I should not participate in an exercise programme. I have been cleared by a doctor for physical activity. I agree to advise in writing if any changes to my health should affect my participation.

I take part at my own risk and I waive any legal recourse for damages to myself or property arising from participation.

SIGNED:

DATE:

INSTRUCTOR SIGNATURE:

DATE: