FITNESS FOR MUMMIES Ltd.
POST NATAL SCREENING FORM

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

PLEASE PRINT CLEARLY

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

How did you hear about the class?
Which Class / Classes are you interested in attending?

How many Children do you have?

Childs name:	D.O.B	Type of Delivery:
Childs name:	D.O.B	Type of Delivery:
Childs name:	D.O.B	Type of Delivery:

Has your Doctor completed your 6-8 week postnatal check YES / NO

What are your goals for participating in exercise?____

Did you exercise during your pregnancy?	YES / NO Type____
Did you have an episiotomy?	YES / NO
Did you have stitches?	YES / NO
Has your Bleeding Stopped?	YES / NO
Are you breast-feeding?	YES / NO
Did/Do you suffer from Pelvic Girdle Pain?	YES / NO
Has your GP completed your REC Check	YES / NO

1. Have you experienced any of the following past or present? (Please tick)
IMPORTANT If **YES** please discuss with your GP / Instructor before exercise.

☐ Asthma	☐ High Blood Pressure	☐ Arthritis
☐ Bronchitis	☐ Low Blood Pressure	☐ Wrist pain-Carpel Tunnel Syndrome
☐ Shortness of breath	☐ Chest Pain	☐ Abdominal cramps
☐ Pneumonia	☐ Heart attack	☐ Pelvis / Pubic pain
☐ Thyroid Issues	☐ Stroke	☐ Prolapse / weak pelvic floor
☐ Hernia	☐ Epilepsy	☐ Join problem – neck / back / shoulder / knee / hip / ankle
☐ Migraine/Headaches	☐ Diabetes	

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, my child or property arising from participation.

SIGNED: **DATE:**

INSTRUCTOR SIGNATURE: **DATE:**