



Health Screening Form

For Your Safety:

- Please answer the following questions. All information will be treated in the strictest confidence.
- Please check with your doctor or specialist before exercising:

Name: _____ Date of birth: _____

Address: _____

Telephone: (Home) _____ (Work) _____

(Mobile) _____ (e-mail) _____

- **Do you now or have you had in the past 12 months (Please tick)?**

	Y	N		Y	N
History of heart problems:	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	<input type="checkbox"/>
History of heart problems in immediate family	<input type="checkbox"/>	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	<input type="checkbox"/>
History of lung problems:	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness	<input type="checkbox"/>	<input type="checkbox"/>
High/Low Blood Pressure:	<input type="checkbox"/>	<input type="checkbox"/>	Chronic Illness	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes:	<input type="checkbox"/>	<input type="checkbox"/>	Back Issues	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy:	<input type="checkbox"/>	<input type="checkbox"/>	Asthma / respiratory issues	<input type="checkbox"/>	<input type="checkbox"/>
- **Are you pregnant or post natal (do you have a baby under 6 months old)?**
 If yes please state: _____
- **Have you had a recent operation / injury / chronic illness?**
 If yes please state: _____
- **Do you have a history of joint, ligament or muscle damage, limited movements in any joints?**
 If yes please state: _____
- **Are you taking any drugs or medication?**
 If yes please state: _____
- **Are you accustomed to physical exercise?**
 If yes please state: (Types of exercise, duration and times per week/ month)
 (Past) _____
 (Present) _____
- **Do you smoke?**
 If yes how many per day? _____
- **Have you previously been asked not to partake in physical exercise by a physician?**
 If yes please state: _____
- **Please state any illness/injury you have suffered or presently suffering, if not asked above:**

- **How long did you commute (drive, cycle, walk) to this fitness and exercise class (please express in minutes or miles/kilometres)?**

- **How did you find out about this course?**

I am aware that I must inform the instructor of any health issues or problems that may arise in the future. I declare to the best of my knowledge that the information given above is correct and I know of no reason why I should not participate in the exercise programme.

If you want to receive information either via text message, e-mails, post about upcoming Pilates classes, a bi-monthly, Fitness & Health Website Newsletter, fitness & exercise classes and other fitness, sport and health related services tick the following box:

Signed: _____ Date: _____

