



Medical Questionnaire - please complete and sign and return

1. Has a doctor ever said you have a heart condition and recommended only medically supervised activities? **Yes/No**
2. Do you have chest pain brought on by physical activity? **Yes/No**
3. Have you developed chest pain in the last month? **Yes/No**
4. Have you on one or more occasions lost consciousness or fallen over as a result of dizziness? **Yes/No**
5. Do you have a bone or joint problem that could be aggravated by the Proposed physical activity? **Yes/No**
6. Has a doctor recommended medication for your blood pressure or a heart condition? **Yes/No**
7. Are you aware or by doctor's advice, of any other physical reason that would prohibit you from exercising without medical supervision? **Yes/No**
8. Are you or could you be pregnant? **Yes/No**
9. Please give details of any other medical condition you have that may affect your ability to exercise safely
.....

Name :

Email Address

Mobile Number:

Waiver of Liability

I hereby state that I have read, understood and answered honestly the questions above. Any statements made by me in answering this questionnaire is true and accurate. I also state that I wish to participate in this class. I hereby confirm that I am voluntarily engaging in a suitable level of exercise given my knowledge of my health and taking into account any medical advice I have received.

Signed: Date.....

Data Protection

All personal information given by customers is private and will NOT be sold to third parties. What we do with the information we gather: 1. Internal record keeping 2. To update you of changes, terms and conditions and policies. 3.To improve products and services. 4. Promotional information about new products, special offers or other information, which we think you, may find interesting. PLEASE TICK HERE IF YOU WOULD LIKE TO OPT OUT OF THE ABOVE. ☐