



Pre-Exercise Screening and Indemnity Form

Name:		Phone:
Address:		Mobile:
DOB:	Sex: M / F	Email:
Emergency Contact:		Contact's Phone:

Part A: Medical Considerations	Yes	No	Details
Has anyone in your family under 60 suffered heart disease, stroke, raised cholesterol or sudden death?			
Are you a male over 45 or a female over 55?			
Are you on any prescribed medication?			
Are you pregnant, planning on becoming pregnant or have you recently given birth?			
Have you been hospitalised recently and/or are you receiving any treatment for any injuries or conditions?			
Do you have any infections or infectious diseases?			

Part B: Do you have or have you had?					
	Y	N		Y	N
Any heart conditions			Diabetes		
Stroke			Epilepsy		
Heart murmur			Asthma		
Chest pain			High blood pressure (over 140/90)		
Hernia or gout			Glandular fever		
Stomach or duodenal ulcers			Raised cholesterol		
Arthritis			Dizziness or fainting		
Kidney or liver problems			Allergies/ Epipen		
Rheumatic Fever			Do you smoke or recently quit		

In the interest of your safety, if you answered yes to any of the above questions in Part B, you need to consult your Doctor to obtain clearance before starting exercise. Please sign here if you have cleared the above condition with your Doctor.

Client Signature: _____

Date: _____

Do you have or have you had?	Y	N	Details
Tendon or ligament damage			
Fractured bones			
Back or neck pain			
Dislocation			

Part C: Goals and current exercise habits

What do you hope to achieve from your fitness classes? Please tick								
To reduce body fat	<input type="checkbox"/>	To gain overall fitness	<input type="checkbox"/>					
To improve aerobic fitness	<input type="checkbox"/>	To tone up	<input type="checkbox"/>					
To gain strength	<input type="checkbox"/>	Other:	<input type="checkbox"/>					
Current exercise habits								
Are you exercising regularly:	Y	N	Type of exercise:					
Frequency –times per week:	1	2-3	3-4	5+	Intensity:	Light	Moderate	Vigorous
History:	Less than 3 months		3-12 months		More than 12 months			
What intensity do you want to work out?	Light		Moderate		Vigorous			

Part D: Please read the following exercise advice carefully.

Please ensure you are present for the warm-up section of the class, as it is required to ensure your safety. Work at a low level on your first visit and concentrate on learning to do the exercises properly. On each visit you will be able to work a little harder. Be sure to limit yourself to a pace where you can still talk comfortably.

Please bring your own towel and water bottle to classes.

Should you suffer an injury, illness or conditions in the future please tell us by completing this form again.

Part E: Statement

- I recognise that staff are not able to provide medical advice or assess whether it is suitable for me to participate in programs.
- I participate at my own risk. I acknowledge that as with any exercise program, there are risks, including increased heart stress and the chance of musculoskeletal injuries.
- I warrant that I am physically and mentally well enough to proceed with the classes.
- I hereby waive, release and forever discharge 'Drive Group Fitness' from all liabilities for injures or damages resulting from my participation in fitness activities and classes.
- I understand no refunds will be issued for unused classes.
- I have read and understand the advice given above.
- I assume the risk of and responsibility of personal property loss or damage.
- I am aware that all of the above information will remain confidential.

Clients Signature: _____ Date: _____

Parent /Guardian Signature (if under 18): _____ Date: _____

Office Use Only

No:	Payment:	Date:
Sessions Booked:		
Comments:		