

FOCUSED FITNESS PARQ

PLEASE PRINT CLEARLY

TITLE:

FORENAME:

SURNAME:

D.O.B:

AGE:

CORRESPONDENCE ADDRESS:

POSTCODE:

CONTACT DETAILS

HOME TEL NO:

MOBILE:

EMAIL:

ARE YOU REGISTERED DISABLED?:

NEXT OF KIN (NOK) DETAILS:

NAME OF CONTACT:

RELATIONSHIP OF CONTACT:

ADDRESS OF CONTACT:

FOCUSED FITNESS

POSTCODE:

I have received a Joining induction brief from the instructor and I confirm that the details I have given are true to the best of my knowledge and belief.

PRINT NAME:

SIGNED:

FOCUSED FITNESS PARQ

Regular exercise associated with many health benefits, yet any change of activity may increase the risk of injury. Completion of this questionnaire is a first step when planning to increase the amount of physical activity in your life. Please read each question carefully and answer every question honestly:

	YES	NO
1. Has a physician ever said you have a heart condition and you should only do physical activity recommended by a physician?		
2. When you do physical activity, do you feel pain in your chest?		
3. When you were not doing physical activity, have you had chest pain in the past month?		
4. Do you ever lose consciousness or do you lose your balance because of dizziness?		
5. Do you have a joint or bone problem that may be made worse by a change in your physical activity?		
6. Is a physician currently prescribing medications for your blood pressure or heart condition?		
7. Are you pregnant?		
8. Do you have insulin dependent diabetes?		
9. Are you 69 years of age or older?		
10. Do you know of any other reason you should not exercise or increase your physical activity?		

FOCUSED FITNESS

If you answered yes to any of the above questions, talk with your doctor by BEFORE you become more physically active. Tell your doctor your intent to exercise and to which questions you answer yes. If you honestly answered no to all questions you can be reasonably positive that you can safely increase your level of physical activity gradually. If your health changes so you then answer yes to any of the above questions, seek guidance from a physician.

PRINT NAME:

SIGNED:
