



Pre exercise Questionnaire.

Name:

Age:

Emergency Contact Name and Phone:

Doctor / Clinic :

Physio / Other :

Parent or Guardian to complete if under age 16.

Do you have or have you ever had;	YES	NO	Details
Cramps (stomach)			
High Blood Pressure			
High Cholesterol / Triglyceride			
Rheumatic Fever			
Varicose Veins			
Palpitation / Bounding Heart			
Asthma			
Stomach / Duodenal Ulcer			
Liver Condition			
Diabetes			
Pneumonia			
Hernia			
Stroke			
Heart Condition / Chest Pain			
Blood Clots			
Dizziness / Fainting			
Current or recent Pregnancy			
Bronchitis			
Bone, Joint or Arthritic Problems.			
Back Pain			
Neck or Knee Injuries			
Smoking			
Alcohol > 2 drinks per day			
Recent Surgery			
Current Medications			
Any form of Injury or Illness that may affect your exercise?			
Family History of heart disease or Stroke?			If Yes was it At or before age 55, age 65, after 65

I declare that the information i have given is true and correct. I hereby accept that exercise is not without risks or dangers and hereby certify that i have voluntarily elected to participate in the exercise sessions / fitness evaluations. I hereby release to the full extent of the permitted law the Agents (agents mean, Chris O'Hare) from all claims and demands with respect to any accident, damage, loss to person and property, pain and suffering however caused. This includes personal exercise programs and any other form of exercise co-ordinated or prescribed by the above mentioned agents. I wholly indemnify the agents Chris O'Hare, from and against any actions, suits, demands, claims, costs, damages and expenses to which the agents are or may be liable.

Client/ Guardian Signature.....

Date.....

Trainer Signature.....