

Personal Details

Name: _____ Age: _____ Date of Birth: _____
 Address: _____
 Tel: _____ Email: _____

Health/Medical Details

Note: All of the information you provide in this questionnaire is strictly confidential and will become part of your training record.

Please read the following questions carefully and answer each one honestly:

Do you suffer from?

Arthritis Yes / No Asthma Yes / No Epilepsy Yes / No
 Diabetes Yes / No

Do you have a bone or joint problem, or suffer from pain in any of the following joints?

Ankle Yes / No Back Yes / No Hip Yes / No
 Knee Yes / No Neck Yes / No Shoulder Yes / No

Do you have?

High Blood Pressure Yes / No
 High Cholesterol Yes / No

Do you have or have you had?

Hernia Yes / No
 Gout Yes / No
 Dizziness Yes / No
 Chest Pain Yes / No
 Chronic Illness Yes / No
 Glandular Fever Yes / No
 Rheumatic Fever Yes / No
 Heart Murmur Yes / No
 Stomach Problems Yes / No
 Stroke Yes / No
 Liver/Kidney Disease Yes / No
 Heart Condition Yes / No
 Infectious Disease Yes / No

Are you Pregnant or have you given birth in the last 3 months? Yes / No

Are you taking any prescribed medication? Yes / No

Have you been hospitalized at any time in the last year? Yes / No

Do you, or anyone in your family, have a cardiac condition? Yes / No

Do you have any other medical condition which may be worsened by exercise? Yes / No

Do you suffer from any of the following?

Stress Yes / No

Anxiety/Depression Yes / No

Low Energy Levels or Fatigue Yes / No

Frequent Headaches Yes / No

Difficulty Sleeping Yes / No

Do you have any allergies? Yes / No

Do you Smoke? Yes / No / Never

Do you, or have you in the past, visited a Nutritionist or Dietician? Yes / No

Do you know of any other reason why you should not do physical activity? Yes / No

If you answered "Yes" to any question, please provide additional information on the reverse of this page.

Thank you.

I recognise that I may be asked to participate in some strenuous exercise during my Personal Training and that such participation may present a heightened risk of injury.

All risks will be explained to me and I do not have to partake in any exercise I do not feel happy with.

All attempts will be made to minimise these risks.

I do not hold "Emma Rogers Personal Training" responsible for any harm that may come to me should I decide to participate in such tasks.

I understand that I must notify Emma Rogers of any changes to my health.

Name:

Signed:

Date: