



HEALTH QUESTIONNAIRE

CLIENT DETAILS:

Name _____ Date of Birth _____

Age _____ E-mail _____

Cell _____ Next of kin _____

Sex _____ Next of kin cell no. _____

Tel (h) _____ Physician _____

Tel (w) _____ Physician's Tel _____

PRE – PARTICIPATION ACTIVE READINESS QUESTIONNAIRE

Do you now have or have you in the past had any of the following?

History of heart problems, chest pains or stroke?	Yes	No
Increased blood pressure	Yes	No
Difficulty with exercise	Yes	No
Advice from a physician not to exercise	Yes	No
Surgery in the past 12 months	Yes	No
Pregnancy, or given birth in the last 3 months	Yes	No
History of breathing or lung problems	Yes	No
Muscle, joint or back disorder still affecting you	Yes	No
Diabetes or thyroid condition	Yes	No
Cigarette smoking habit (no. Per day : years:)	Yes	No
Increased cholesterol	Yes	No
Hernia or any condition that may be aggravated by lifting weights	Yes	No
Are you currently on any medication?	Yes	No
Are you allergic to any medication?	Yes	No
<i>If you answered yes to any of the above, please briefly explain:</i>		



LIABILITY RELEASE

By signing this agreement, I acknowledge the information contained herein is true and correct. I am physically and medically fit to proceed with the normal routine of exercise and acknowledge that 360 GYM (PTY) LTD and its staff will not be held responsible for any injury or loss suffered by me, whether through negligence and/or omissions on the part of 360 GYM (PTY) LTD and its staff for any reason whatsoever.

360 Specialized Training (PTY) LTD will furthermore not be held responsible by me for any theft/loss/damage and/or injury to property or person(s) whether negligence and/or omissions on the part of 360 Specialized Training (PTY) LTD and its staff for any reason whatsoever.

INFORMED CONSENT

1. The information you possess about your health status or any unusual feelings you have experienced during exercise may affect the safety of training procedures. Your prompt reporting of experiencing any strange feelings during training sessions are of great importance. You as the client are responsible to disclose any such information to your personal trainer.
2. Preceding the following training program you may undertake a health and fitness assessment for the purpose of establishing your current fitness status.
3. Your personal trainer may terminate training at any point if he deems it necessary or appropriate. You may also stop the training sessions at any time if the level of exertion is too exhaustive.
4. In the event of injury or illness, 360 Specialized Training (PTY) LTD will not be held responsible if I, the client, have failed to disclose a pre-existing condition.

I hereby declare that:

1. The trainer has explained the training procedures to me.
2. To the best of my knowledge I am currently free from any existing medical condition or injury that could preclude me from full participation in the training program.
3. I give my full consent to the trainer to undertake the battery of health assessments and the design of a physical training program.

I hereby acknowledge and agree to abide to all policies and administration issues presented to me.

PARTICIPANT

Name _____

Signature _____

Date _____

WITNESS

Name _____

Signature _____

Date _____