

HEALTH AND LIFESTYLE SCREEN FORM

It is our professional duty to ask all clients, no matter what age, to complete the following questions. Simply circle YES if a condition applies to you or circle NO if it does not. This information will be kept strictly confidential.

Section A: Personal Details

Title _____ Name _____ DOB _____
 Address _____ Suburb _____ P'Code _____
 Ph (H) _____ (M) _____ Email _____
 Emergency Contact Person _____ Phone _____

Section B: Health/Medical Details

Have you ever had or do you have any of the following. Please circle Y(es) or N(o)

Anyone in your family under 60 yrs suffer heart disease, stroke, raised cholesterol or sudden death? **Y** **N**
 Are you male over 40 or female over 50 and not used to vigorous exercise? **Y** **N**
 Are you on prescribed medication? **Y** **N** Have you been to hospital recently? **Y** **N**
 Are you pregnant? **Y** **N** Have you given birth recently? **Y** **N**

If you circle Y to any of these conditions, please take this form to your doctor and ask for medical clearance prior to starting any program

OR

Sign below if you have already cleared the above condition with your doctor.

Do you have or have you ever had any of the following?

Gout	Y	Glandular Fever	Y	Any heart condition	Y
Stroke	Y	Rheumatic Fever	Y	Heart Murmur	Y
Diabetes	Y	Dizziness/Fainting	Y	High BP >140/90	Y
Epilepsy	Y	Stomach/D ² denal Ulcer	Y	Palpitations/Chest Pains	Y
Hernia	Y	Liver/Kidney Condition	Y	Raised Choles/Triglycerides	Y

NO TO ALL Please tick

If you circled Y, please give details of conditions, medications and approximate dates cleared:

Condition cleared

Initial

Do you have or have you had? Any chronic pain or major injuries particularly in the following areas:

Arthritis	Y	Neck/Back	Y	Shoulders	Y	Elbows	Y
Asthma	Y	Knees	Y	Ankles	Y	Wrists	Y

NO TO ALL Please tick

Are there any other conditions that may limit or modify your exercise program? _____

Section C: Lifestyle Details

Are you currently physically active? **Y** **N** What type of exercise? _____

Frequency _____ Intensity _____ History _____ Duration _____

Is your job: sedentary? moderately active? very physical? Is your lifestyle: never/sometimes/or very stressful?

Ave. hours sleep/night _____ No. meals/day _____ No. cigarettes/day _____ No. standard alcohol drinks/week _____

Section D: Statement

I recognise that the personal trainer is not able to provide me with medical advice with regards to my medical health and that this information is used as a guideline to the limitations of my ability to exercise. I have answered the above questions to the best of my ability. I have read and understood the Terms and Conditions overleaf and I agree to abide by them at all times.

Signed: _____ (Client) Date: _____

Signed: _____ (Trainer) Date: _____

TERMS AND CONDITIONS

- A towel must be used and placed on all machines when using the fitness centre
- No thongs or open-toed shoes allowed in the fitness centre.
- Patrons must wear a t-shirt or singlet whilst training in the fitness centre i.e. no bare torso's allowed.
- Membership wrist bands must be worn at all times
- Members must obey instructions from fitness centre staff.
- Please be mindful of other patrons when using equipment

I have read and understood the Terms and Conditions above and I agree to abide by them at all times as directed by the SUSAC staff

Signed: _____ *(client)*

Date: _____

Signed: _____ *(trainer)*

Date: _____