



Fit For Life Newcastle
Telephone: 07989 552748

Health Questionnaire

Name		Gender M/F	
Address			
Telephone		DOB	
Do you suffer from a bone or joint condition such as arthritis that could be aggravated by exercise?		Yes	No
Do you have high blood pressure?		Yes	No
Do you have low blood pressure?		Yes	No
Do you have diabetes or other metabolic condition?		Yes	No
Do you have raised cholesterol (serum level 6.2mmol/L or over)?		Yes	No
Have you been told by your Doctor that you have a heart condition and should only do physical activity recommended by them?		Yes	No
Have you ever suffered from unusual shortness of breath at rest or with mild exertion?		Yes	No
Do you regularly feel faint, have spells of severe dizziness or lose consciousness?		Yes	No
Are you over 45 and leading a sedentary life style?		Yes	No
Are you pregnant?		Yes	No
Have you recently given birth?		Yes	No
Are you aware of any other reason you should not take part in physical activity?		Yes	No
Assumption of risk			
I hereby state that I have read, understood and answered honestly the questions above. I also state that I wish to participate in activities that may include aerobic exercise, resistance training and stretching. I accept that my participation in these activities involves the risk of injury and possibility of death. I confirm that I am engaging in these activities voluntarily			
Client Name		Trainer Name	
		Richard Thornley	
Client Signature		Trainer Signature	
Date		Date	