



Nick Ward Fitness  
Lets Train Together

Health Screening Questionnaire

**Name:** .....

**DOB:** .....

**Address:** .....

.....

.....

**Post Code:** .....

**Contact numbers:**

**Home:**.....

**Mobile:**.....

**Work:**.....

**Email address:**.....

	Yes	No
1 Has a doctor ever said you have a heart condition and you should only participate in medically supervised physical activity?		
2. Do you have or feel chest pain during physical activity?		
3. Do you experience loss of balance due to dizziness or do you lose consciousness?		
4. Are you taking any medication for your blood pressure or heart condition?		
5. Do you have an existing bone or joint problem that is likely to be made worse by physical activity?		
6. Do you experience shortness of breath with MILD exertion?		



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7. Do you suffer with palpitations?		
8. Are you pregnant or have you given birth in the last 6 weeks?		
9. Do you have diabetes mellitus?		
10. Are you aware of any other reason why you should not exercise without medical supervision?		

### Questions 1 – 10

**If the answer to any of the questions between 1 and 10 is YES, you will need to get written consent from your doctor prior to commencing any program of activity.**

11. Is your blood pressure known to be high?		
12. Is your cholesterol level known to be high?		
13. Do you smoke?		
14. Is there a history of heart or coronary artery disease in either your parents or siblings before the age of 55?		

### Questions 11-14

**If you have answered YES to 2 or more of the questions between 11 and 14, your exercise program will, for safety reasons, be restricted to a moderate intensity unless consent has been given by a doctor to work at a higher intensity. Moderate intensity being a level at which you are able to comfortably sustain exercise for up to at least 60 minutes.**

**Signature:** ..... **Date:** .....