ALL ★ PRO
★ PERFORMANCE ★

Name _____ DoB _____

Gender _____

Circle the appropriate response

Do you have a heart condition?	Yes	No
Have you ever experienced a stroke?	Yes	No
Do you have epilepsy?	Yes	No
Do you have diabetes?	Yes	No
Have you ever had chest pains whilst exercising?	Yes	No
Have you ever experienced dizziness whilst exercising?	Yes	No
Has anyone in your immediate family suffered a heart attack or stroke before age fifty?	Yes	No
Do you currently smoke?	Yes	No
Do you suffer from asthma?	Yes	No
Do you suffer from any other respiratory problem?	Yes	No
Are you currently being treated for an ailment that may affect your ability to exercise?	Yes	No
Are you aware of any situation that may put you at risk whilst exercising?	Yes	No
Are you pregnant?	Yes	No
Do you have any existing condition which could be made worse by participating in an exercise programme	Yes	No

If you have answered yes to any of these questions we would advise you to consult with your General Practitioner and get his/her approval before beginning the exercise programme.

Name _____

Signature _____ Date _____

Signature of Parent _____

(for those under the age of majority)