

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)