

Health Declaration

- STRICTLY CONFIDENTIAL -

Personal Details

Name:	<input type="text"/>	D. Of B.	<input type="text"/>
Address:	<input type="text"/>	Telephone:	<input type="text"/>
	<input type="text"/>	Mobile:	<input type="text"/>
	<input type="text"/>		
	<input type="text"/>	Email:	<input type="text"/>

Medical Profile

Yes / No

- | | | |
|--|-----------------------|-----------------------|
| 1. Have you ever been diagnosed with high blood pressure or a heart condition? | <input type="radio"/> | <input type="radio"/> |
| 2. Do you suffer from any lung conditions such as asthma or bronchitis? | <input type="radio"/> | <input type="radio"/> |
| 3. Are you recovering from any illness or surgery? | <input type="radio"/> | <input type="radio"/> |
| 4. Are you currently on any medication? | <input type="radio"/> | <input type="radio"/> |
| 5. Do you have any Orthopaedic conditions, severe back or joint pains? | <input type="radio"/> | <input type="radio"/> |
| 6. Do you suffer from Diabetes or Epilepsy? | <input type="radio"/> | <input type="radio"/> |
| 7. Are you currently pregnant or have you had a baby in the last 6 months | <input type="radio"/> | <input type="radio"/> |
| 8. Is there any reason why you should not undertake an introductory workout? | <input type="radio"/> | <input type="radio"/> |

Please provide additional information in the space provided below if have answered Yes to any of the above questions

If you are unsure about your health, or have answered Yes to any of the above questions, and been unable to provide additional information, then you should consult your GP before beginning an exercise programme as the Instructor may require your doctor's written consent.

Thank you for your co-operation.