**ALPHAtrifit HEALTH SCREENING QUESTIONNAIRE AND INFORMED CONSENT**

Name………….…………………………………………. Age (please circle) under 25; 25-35; 35-45; 45-55; 55-65; 65+

Contact Phone No (Home/Mobile)…………………….................Email Address...…….……………………………………...

Emergency Contact Name & Phone No (Home/Mobile)..……………….………………………………………………………

**Please read the following questions carefully, if you answer YES to any of them, it is suggested that you seek medical approval before commencing any exercise session.**

1 Are you on any medication that may affect you during your exercise session **YES/NO.** If **YES**, please give details…………....……………….……………………………………….…………………………………………………………..

2 Have you any illness/disabilities? **YES/NO.** If **YES**, please give details………………………………………….………………………………………………………………………………………

 3 Do you have any injuries or joint problems? **YES/NO.** If **YES**, please give details………………………………………………………………..………………………………………………………………..

4 Do you have any allergies? **YES/NO.** If **YES**, please give details………………………………………………………………………………………………………………………………….

5 Are you pregnant or have you been pregnant in the last 6 months? **YES/NO**

6 Has your doctor ever said that you have a heart condition? **YES/NO.** If **YES**, please give details………………………………………….………………………………………………………………………………………

7 Do you have chest pain brought on by physical activity or have you developed chest pain in the last month

**YES/NO.** If **YES**, please give details………………………………………………………………..……………………………..

8 Do you suffer from dizziness, and does it affect your balance? **YES/NO.** If **YES**, please give details………………………………………………………………………………………………………………………………….

9 Has a doctor ever recommended medication for your blood pressure or heart condition? **YES/NO**

10 Are you aware, through own experience or from a doctor’s advice, of any other physical reason you

should not exercise without medical supervision? **YES/NO.** If **YES**, please give details…………………………………….

**INFORMED CONSENT**

I hereby state that I have read, understood and answered honestly, the pre-exercise health screening questionnaire. Whilst every effort is made to keep the exercise session(s) safe, effective and enjoyable, as with any programme of activity there is always the potential risk of injury, and I accept that I am participating of my own free will.

Name…………………………………………………………………..Signature…………………………………. (Participant)

Date………………………………………………

Name…………………………………………………………………..Signature………………………………………. (Coach)

Date………………………………………………