FITNESS-V

Your health

Has your doctor ever told you that you have a heart condition or have you ever suffered a stroke?

 YES NO

Do you ever experience unexplained pains in your chest at rest or during physical activity or exercise?

 YES NO

Do you ever feel faint or have spells or dizziness during physical activity or exercise that causes you to lose balance?

 YES NO

Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?

 YES NO

If you have diabetes (type I or type II) have you had trouble controlling your blood glucose in the last 3 months?

YES NO

Do you have any diagnosed muscle, bone or joint problems that you have been told could be made worse by participating in physical activity or exercise?

 YES NO

Do you have any other condition(s) that make it dangerous for you to participate to physical activity or exercise?

 YES NO

If you answered YES to any of the seven questions, please seek guidance from your GP or appropriate allied health professional prior to undertaking physical activity or exercise.

Have you got any family history of Heart Disease? If yes, please indicate who and the age.

 YES NO

Do you smoke cigarettes on a daily or weekly basis? If yes, how many per day? YES NO

Can you describe your current physical activity level and length?

Height

Weight

Have you ever been told you have high Blood Pressure?

 YES NO

Have you ever been told you have high Cholesterol?

 YES NO

Have you ever been told that you have high Blood Sugar?

 YES NO

Have you any food / drinks allergies?

 YES NO

I hereby declare that the information provided is true and correct. I also understand I must update and correct the above information if any changes in my condition happen.

Name

Date

Signature