



# Fit For Good Health Questionnaire

## YOUR PERSONAL DETAILS

Name			
Tel. No.		DoB	
Address			
Email			

## EMERGENCY CONTACT DETAILS

Name		Tel	
Address			

## EXERCISE

What are your main reasons for starting a fitness programme?

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How would you describe your general health and fitness?

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What type of exercise do you like the most?

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What type of exercise do you dislike the most?

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**LIFESTYLE**

Do you drink alcohol? YES / NO

Do you smoke? YES / NO

**MEDICAL HISTORY**

Have you had a major illness or injury in the last five years? YES / NO

If 'Yes', please give details:

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Are you receiving treatment for any diagnosed medical condition? YES / NO

If 'Yes' please give details:

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**Are you taking any prescription medication?      YES / NO**

**If 'Yes', please give details:**

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**Do you have any injuries that are aggravated by exercise?      YES/NO**

**If 'Yes', please give details:**

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**Are you currently receiving treatment for these?      YES/NO**

**If 'Yes', please give details:**

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**Do you have any other health problems? YES/NO**

**If 'Yes', please give details:**

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**Please indicate if you ever experience any of the following symptoms:**

**Unusually short of breath with very light exertion? YES / NO**

**Pain, pressure, heaviness or tightness in the chest area? YES / NO**

**Frequent unexplained pain in the abdomen, shoulders or arm? YES / NO**

**Severe dizzy spells or episodes of fainting? YES / NO**

**Regular lower leg pain during walking that is relieved by rest? YES / NO**

**Palpitations or irregular heartbeats? YES / NO**

If you answered **YES** to one or more questions under MEDICAL HISTORY: You should consult with your doctor to clarify that it is safe for you to become physically active at this current time and in your current state of health.

If you answered **NO** to all of the questions: It is reasonably safe for you to participate in physical activity, gradually building up from your current ability level.

**I understand there is a risk of injury associated with participating in any exercise class and hereby assume full responsibility for any and all injuries, losses and damages that I incur while attending, exercising or participating in any of Fit For Good's classes.**

**I hereby waive all claims against Fit For Good and the company's employees individually or otherwise, for any and all injuries, claims or damages that I might incur.**

**I confirm that I agree with the above statements and that I all the information I have given is correct:**

<b>Signature</b>		<b>Date</b>	
<b>Print name</b>			

**Having answered YES to one or more of the questions over the last three pages, I have sought medical advice and my GP has agreed that I may exercise:**

<b>Signature</b>		<b>Date</b>	
<b>Print name</b>			

**Please confirm that we have your permission to record and store this information electronically. Our reason for collecting your personal information is to provide you with the best experience while using our services. Personal information will be used in accordance with the United Kingdom law and regulation on data protection, principally, the Data Protection Act 2018:**

<b>Signature</b>		<b>Date</b>	
<b>Print name</b>			

**Details of our privacy policy are available at: [www.FitForGood.com/privacy/html](http://www.FitForGood.com/privacy/html)**