



That's Fitness
Fitness for the Journey

**THAT'S FITNESS MEDICAL/HEALTH FORM
PRE-EXERCISE QUESTIONNAIRE**

IMPORTANT INFORMATION: Participant must read and understand fully, the importance and relevance of this document. The document is not valid until the participant has signed and returned to That's Fitness via Email /Person or Post..

- 1) A participant can only be accepted on his/her chosen That's Fitness Fitness Program once this form has been completed and returned to That's Fitness.
- 2) That's Fitness programs/courses vary in the level of intensity. The fitness programs are comprised of both physical and mental activities and can included (running, stair climbing, hill runs and strength activities) that can be both physically and mentally demanding.

3) If you require a brief or more detailed description of the activities involved please call us on **0478075093**.

PRE- ASSESSMENT Session.

Participant's details

Name.....Surname.....

D.O.B.../.../.../..... M/F Starting Date

Address line1.....

Occupation.....Employer.....

Mob..... email address.....

Emergency Contact name.....Emergency No.....

Any major illnesses or disabilities?.....

.....

Are you presently exercising? Y/N

Brief outline.....

Have you been hospitalised recently? Y/N

Do you suffer from any of the following? Please ONLY circle Y

Heart disease	Y/N	Asthma	Y/N
Heart Condition	Y/N	Diabetes	Y/N
Back pain	Y/N	Epilepsy	Y/N
Spinal Injuries	Y/N	Hernia	Y/N
Arthritis	Y/N	Heart Palpitations	Y/N
Joint pains	Y/N	Hi/low Blood Pressure	Y/N
Tightness in Chest	Y/N	Rheumatic Fever	Y/N
Liver/Kidney Condition	Y/N	Regular Headaches	Y/N
Infections	Y/N	Muscular pain/cramps	Y/N
Chronic Cough	Y/N	High Cholesterol	Y/N
Are you pregnant?	Y/N	Allergies to Grass?	Y/N
Bladder Weakness?	Y/N		

Are there any conditions that may limit your physical activity...?

Do you have a family history of Heart Disease? Y/N

Are you Male>35yrs unaccustomed to exercise? Y/N

Are you Female>45yrs unaccustomed to exercise? Y/N

Are you currently on any medication/antibiotics/Anti Depressants? Y/N

Undersigned participant's declaration

I declare that the information given in this form is true and complete to the best of my knowledge. I understand that all participants take part at their own risk and must accept personal liability for any injury, illness or loss. I declare that I consider myself to be in good health and fit to participate in my Fitness PT training sessions.

I hereby represent to That's Fitness, its management, and other legal entities, the owner, employees, agents, contractors and affiliates that I am physically capable of and there is no medical reason to prevent me from proceeding with any program run by That's Fitness without endangering my health. I acknowledge that whilst participating in the That's Fitness program, my person and my property are at my own risk. I acknowledge that I will not hold That's Fitness responsible for and That's Fitness hereby excludes, to the extent permitted by law, all liability for any personal injury or damage {whether direct, indirect, special or consequential} suffered by me while I am participating in That's fitness programs however that injury, damage or loss is caused, including if it is caused by the negligence of the That's Fitness). I acknowledge that except as provided in this document, That's Fitness gives no warrantee in respect to the services and equipment it provides. I accept that there are no rain checks, refunds or make up days unless at the discretion of That's Fitness. I hereby permit That's Fitness to utilize any images and video of myself for promotional or marketing use of the That's Fitness program. I hereby release and will indemnify That's Fitness for any injury or loss suffered by me whilst participating in any That's Fitness program. I have read, understood and agree to the terms and conditions of That's Fitness.

_____	_____	_____/_____/_____/_____
Participants Name	Participants Signature	Date of Signing
_____	_____	_____/_____/_____/_____
Witnessed By	Signature	Date of Witnessing