



LOSTOCK MILITARY FITNESS

HEALTH QUESTIONNAIRE

Please fill out this form in BLOCK CAPITALS print off and bring to the class.

Mr Mrs Ms Miss Other please state _____

First Name _____ LastName _____

Address _____

Postcode _____ Email _____

Phone Number _____

Date of Birth _____ Age _____

Next of kin, Name & Contact number _____

How did you find out about LMF? _____

Please read the below and answer ALL questions.

Has a doctor ever said that you have a heart condition and that you should only do physical activity which they have recommended to you? **Yes / No**

Do you feel any pain in your chest when you do physical activity? **Yes / No**

In the past month, have you had chest pain when not doing physical activity? **Yes / No**

Do you lose balance because of dizziness or do you ever lose consciousness? **Yes / No**

Do you have a bone or joint problem? **Yes / No**

Have you ever been told by your doctor that you have high blood pressure? **Yes / No**

Is your GP currently prescribing drugs for your blood pressure or a heart condition? **Yes / No**

Do you have diabetes? **Yes / No**

Do you suffer from epilepsy? **Yes / No**

Do you suffer from an allergy? If so are you on medication or carry medical pen? **Yes / No**

Have you ever suffered from asthma or shortness of breath? **Yes / No**

Do you suffer from fatigue with any physical usual activities? **Yes / No**

Do you ever get a sharp pain in your lower leg when walking which disappears within 1-2 minutes of stopping? **Yes / No**

Are you, or is there any possibility that you are pregnant? **Yes / No**

Do you know of any other reason why you shouldn't do physical activity? **Yes / No**

If you answered yes to any of the above questions please contact the instructor to discuss the class. If you are unsure about any of the questions that you have answered yes to please consult your GP before participating in an Lostock Military Fitness class.

How would you describe your current level of fitness? (please circle a number)

1. Very fit 2. Fit 3. Average 4. Lower ability 5. Unfit

Declaration

I understand that exercise and fitness activities in an outdoor environment involve a risk of injury or even death. I am voluntarily participating in all of the set activities and the occasional use of equipment with knowledge of the dangers that are potentially involved. I hereby agree and expressly assume all and any risks of injury or death.

I know of no reason why I should not participate in any of the programs and activities at Lostock Military Fitness. I hereby declare myself free of any condition, disease, infirmity or illness that may affect my participation. I agree to inform the instructor and where appropriate provide written consent from my doctor should such a condition or complaint arise before continuing with any activity.

I agree to abide by all oral notices regarding safety whilst at a Lostock Military Fitness class. I am aware I have the opportunity to ask questions about the activities, general use of equipment and other related issues. If I choose not to take the advice or to disregard any advice given, I do so voluntarily and accept liability for all resulting injuries or damage.

I do hereby waive, release and discharge Lostock Military Fitness from any and all responsibility or liability for injuries or damages resulting from my participation in any activities or my use of equipment or facilities in the above-mentioned activities.

This questionnaire has been completed accurately to the best of my knowledge and belief.

I have read, understood and completed this questionnaire and agree to be bound by its conditions.

Signed Date _____

Print name _____

Signature _____