

Health Check Questionnaire

Name

Contact no.

Address

Date of birth

E-mail address

Emergency contact details

Doctor and contact details

Lifestyle and Medical History

Yes

No

Do you take part in regular physical activity?

Do you have any current health problems?

If yes, please give details

Are you currently taking any medication?

If yes, please give details

Do you suffer from a disability?

Have you had surgery in the last 6 months?

Are you pregnant or had a baby in the last 6 months?

Do you have pain or limited movement in any joints?

If yes, please give details

Have you ever suffered from any of the following?

	Yes	No
Asthma or shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
Migraine	<input type="checkbox"/>	<input type="checkbox"/>
Persistent back ache	<input type="checkbox"/>	<input type="checkbox"/>
Cartilage trouble	<input type="checkbox"/>	<input type="checkbox"/>
Fainting attacks	<input type="checkbox"/>	<input type="checkbox"/>
Hernia	<input type="checkbox"/>	<input type="checkbox"/>
Angina	<input type="checkbox"/>	<input type="checkbox"/>
High/Low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Slipped disc	<input type="checkbox"/>	<input type="checkbox"/>

If necessary, please add any additional information

.....

.....

The above health responses given are reflective of my current status. I agree to inform PureStretch if there should be any changes in my health status due to injury, illness or otherwise. I will consult with my doctor and not partake in the class until I have been advised by my doctor that it is safe for me to do so.

I acknowledge that there are inherent risks in taking physical exercise and that I know of no medical reason why I should not undertake a PureStretch exercise programme.

I also agree to comply with any verbal instructions from the PureStretch instructor regarding health and safety whilst on the premises.

Signed

Date

.....