



Health History Questionnaire

Please complete all of the below questions and bring it with you to your first Military Workout class. Please arrive at least 20 minutes before the start of the class.

Name:.....

Address:.....

Email:.....

Contact Number.....

Date of Birth:.....

Person to be contacted in case of an emergency:

Contact number & address:.....

.....

Where did you hear about us?.....

Health Questions

- | | |
|--|--------|
| 1. Do you have any heart problems? | Yes/No |
| 2. Do you have any breathing problems such as asthma? | Yes/No |
| 3. Do you have high blood pressure? | Yes/No |
| 4. Do you have low blood pressure? | Yes/No |
| 5. Have you ever fainted or suffered from dizzy spells? | Yes/No |
| 6. Do you have any problems with your joints? | Yes/No |
| 7. Do you have diabetes or any similar disease? | Yes/No |
| 8. Have you ever experienced chest pain whilst you exercising? | Yes/No |
| 9. Are you or is there a possibility that you are pregnant? | Yes/No |
| 10. Have you recently been pregnant? | Yes/No |
| 11. Do you suffer from epilepsy? | Yes/No |
| 12. Do you currently smoke? | Yes/No |
| 13. Is there any history of coronary heart disease in your family? | Yes/No |
| 14. Do you drink more than the average amount of alcohol per week (as per government guide lines) ? | Yes/No |
| 15. Has your doctor ever said you have raised cholesterol? | Yes/No |



16. Do you currently take medication for any condition that you feel that we should know about? Yes/No
Please give details.....
.....
.....

17. Are you allergic to anything? Yes/No
Please give details.....
.....
.....

18. Do you have any other injuries or illness which we should be made aware of, or know of any reason which may prevent you from carrying out exercises in this class? Yes/No
Please give details?.....
.....
.....
.....

If you answered:

Yes to one or more questions:

If you have not recently done so, consult with your doctor by telephone or in person before increasing your physical activity and/or taking a fitness class. Tell your doctor what questions you answered 'yes' to on the health history form and take a copy of this form with you. After medical evaluation, seek advice from your doctor as to your suitability for taking part in physical exercise.

Instructors recommendations:.....
.....
.....
.....
.....Signature.....

Military Workout Ltd Company Number: 07560454 Registered company address : suite 60, 24-28 St Leonards Road, Windsor, SL4 3BB



Assumption of risk

In participation in the classes of Military Workout Ltd and to use the facilities and equipment owned or rented by Military Workout Ltd, I hereby waiver any responsibility or liability and forever discharge Military Workout Ltd from any and all responsibility, or liability for injuries or damages as a result from my participation in any activities or exercise with Military Workout Ltd.

I hereby state that I have read, understood and answered honestly the questions contained within the Health History Questionnaire. I also state that I wish to participate in activities that will include anaerobic, aerobic and resistance training. I realise that my participation in these activities involves risk of injury. Furthermore, I hereby confirm that I am voluntarily engaging in such exercise and activity with Military Workout Ltd.

I fully understand that I may stop an activity or exercise at any time during the course of the activity or exercise, and that I may seek advice or assistance from Military Workout Ltd staff at any time. If I chose not to take advice given to me at any time during the activities or exercise class with Military Workout Ltd, I do so voluntary and accept all liability for any injuries or damage caused.

I declare that I am physically fit and free from any medical condition which prevents me from participation in the activities or exercise instructed by Military Workout Ltd. I understand that Military Workout Ltd will not accept responsibility or liability for any items left in an instructor's vehicle or any damage caused to clothing or personal equipment during the activities or exercise classes.

I hereby grant Military Workout Ltd, permission to use my likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of Military Workout Ltd and will not be returned. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

Client's Name:

Instructors Name:

Clients' Signature:

Instructors Signature :

Date:

Date :

Additional Note: I have taken medical advice and my doctor has agreed that I should exercise.

Signature..... Date.....

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