

THE BEACH BOOTCAMP

HEALTH QUESTIONNAIRE

Please complete the questionnaire and bring it to your first Bootcamp fitness session.

Please Tick

	Yes	No
Has your doctor ever said you have a heart condition AND that you should only do physical activity recommended by a doctor?		
Do you feel pain in your chest when you do physical activity?		
In the past month, have you had a chest pain when you were not doing physical activity?		
Do you lose your balance because of dizziness or do you ever lose consciousness?		
Do you have a bone or joint problem (eg back, knee or hip) that could be made worse by a change in your physical activity?		
Is your doctor currently prescribing medication for your blood pressure or heart condition?		
Do you know of ANY OTHER REASON why you should not do physical activity? If yes please give details in the box below.		

If you have answered **YES** to one or more of these questions, then you should consult with your doctor to clarify that it is safe for you to become physically active at this current time in your current state of health.

If you have answered **NO** to all of the questions then you can be reasonably sure that it is safe for you to participate in physical activity.

I have read, understood and accurately completed this questionnaire. I confirm that I am voluntarily engaging in an acceptable level of exercise and my participation involves a risk of injury.

Name: _____

Signature _____

Date _____

Having answered yes to any one of the above, I have sought medical advice and my GP has agreed that I may participate in physical exercise.

Name: _____

Signature _____

Date _____

Email Address _____

Mobile Number _____

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