



Please consult your doctor before starting any new exercise regime. Updated Government guidelines regarding Covid-19 override any we have set down on this form. **DO NO ATTEND** classes if you or any of your household are showing symptoms of Covid-19. Hand sanitiser must be used before and after classes. Members are to keep 2m apart at all times.

Name		Date of Birth	
Home		Mobile	
E-Mail		GP Name/address	
Emergency contact name		Emergency contact number	

Please read the questions carefully and answer each one honestly. Please note your instructor will treat all information confidentially.

	YES	NO
Do you currently take regular exercise?		
Are you on any medication that may be affected by exercise?		
Are you under medical supervision?		
Do you smoke? If yes, how many per day?		
Are you pregnant or have you had a baby in the past 6 months?		
Are you on any special diets?		
Are there any other factors relevant to diet and exercise that you feel could affect your physical activity?		
I confirm that I will not attend classes if myself or anyone in my household is experiencing possible or confirmed symptoms of COVID-19 and will abstain from attending for 14 days.		

Have you ever experienced or currently experience any of the following:

	Yes	No		Yes	No		Yes	No
Heart Condition			Diabetes			Circulatory Problems		
Chest Pain			Epilepsy			Bone / Joint problems		
Faintness / Dizziness			Asthma			Back / Hip / Knee Pain		
Loss of Consciousness			High Blood Pressure			Allergies		
Shortness of Breath			Low Blood Pressure					

IF YOU HAVE ANSWERED **YES** TO ONE OR MORE OF THE QUESTIONS ABOVE PLEASE PROVIDE FURTHER DETAILS:

IF YOU HAVE ANSWERED **YES** TO ONE OR MORE OF THE QUESTIONS - Please speak with your Doctor *before* you start becoming more physically active and tell them which questions above you answered yes to on this form. You may be able to do any activity you want as long as you build up slowly and gradually however you may need to restrict your activities to those that are safe for you. Talk to your doctor to get advice.

Disclaimer I have been informed in writing that if I answer YES to any of questions 1-12 of this questionnaire, I should seek medical advice/approval before commencing an exercise programme and/or induction. If I wish to continue without such advice I do so entirely at my own risk. I confirm that I have read, fully understood and answered the above questions honestly. I understand that the Centre, any of its employees and/or Better Body Club instructors cannot be held responsible for any injuries or ill health arising from my participation in the exercise programme.

Signature _____ Date _____

Parent or guardian signature for under 18's _____ Date _____