



PRE EXERCISE HEALTH SCREENING AND DISCLAIMER

Please complete the following questions to the best of your knowledge clearly in CAPITAL LETTERS or 'circle' where appropriate. Make sure that you both sign and date the form when complete and return it to the E.S.K.K®. Your personal details will be always kept in the strictest confidence. Completed forms can be sent by post to: E.S.K.K®, P.O Box 105, Whitehaven, Cumbria CA28 0BF or handed in to your instructor.

Name: Date of Birth:

Address and Post Code:

Mobile/Telephone No: Email Address:

Name and Address of your Doctor:

Next of Kin Name and Contact Number:

Please circle the relevant answer for all questions below:

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| Do you have high or low blood pressure? | Yes | No |
| Do you have a diagnosed heart condition? | Yes | No |
| Do you have asthma? | Yes | No |
| Have you had any operations in the last five years that affects your ability to exercise? | Yes | No |
| Have you recently had an illness from which you are still recovering from? | Yes | No |
| Have you ever fractured any bones or injured any joints which affect your ability to exercise? | Yes | No |
| Have you ever been diagnosed with epilepsy or diabetes? | Yes | No |
| Do you have a disability/long term limiting medical condition? | Yes | No |
| Are you or have you been pregnant in the last 6 months? | Yes | No |
| If yes have you completed your post natal check? | Yes | No |
| Are you currently taking any medication? | Yes | No |
- If yes please give details and possible side effect in the space provided below.

If you have answered yes to any of the questions above please state your condition and how it affects your ability to exercise below.

Additional Medical and Health Information:

What do you hope to achieve by joining our fitness classes?

If you have any reason to believe that you may have health or medical issues, which may affect your ability to exercise then you must seek medical advice before participating in any of our exercise programmes and provide a note of confirmation from your GP.

I have read and understood the contents of this form and all the information I have given is true to the best of my knowledge. I will notify accordingly of any changes in the future. I have listed all illnesses, injuries & medical disorders. I will indemnify the E.S.K.K®, its instructors, fellow members and proprietors of the individual club premises against all claims or liability whatsoever in respect of personal injuries or losses caused either to me or my fellow members arising out of or in connection with the use and practice of our class activities. I have read and fully understand the rules associated with this organisation and agree to be bound by them at all times.

Signed: Date: