

Pre class screening

Do you have any current illness or disease?	
Do you have any current or recurring injury?	
Are you on any form of medication?	
Do you have any back, knee or joint problems?	

Are you pregnant?	Yes	No	. . . post partum
-------------------	-----	----	-------------------

Have you ever suffered from any of the following conditions?	
Heart condition	High blood pressure
Low blood pressure	Epilepsy
Diabetes	Schizophrenia
Fainting or dizziness	High cholesterol
Angina	Other

Do you currently exercise?	
----------------------------	--

<p>I hereby consent to take part in fitness classes with Fiona Riley at my own risk. If I have any known health problems I will discuss them with my GP before participation. I understand the risks of undertaking physical activity may include disorders of heartbeats, abnormal blood pressure or strain upon joints and muscles.</p> <p>I also understand that that the selection and supervision of physical exercise is a matter of professional judgment.</p> <p>I understand that I may withdraw my consent and discontinue participation in any aspect of the physical fitness programme at any time without penalty or prejudice toward me.</p>	
<div style="border: 1px solid black; padding: 5px;"> <p>I have read the above and have had all of my questions answered to my satisfaction.</p> </div>	
Print name:	Signature:
Date:	Contact number: