

CARDIOBO PRE EXERCISE HEALTH QUESTIONNAIRE

Drills and skills for fun and fitness

Name: _____ Phone: _____ Email: _____
Emergency Contact Name: _____ Emergency Contact Phone: _____

Place a ✓ to indicate "yes or not sure"

Do you have or have you had:

- | | | |
|-----------------------------------|--|---|
| ☐ Gout | ☐ Glandular Fever | ☐ Any Heart Condition |
| ☐ Stroke | ☐ Rheumatic Fever | ☐ Heart Murmur |
| ☐ Diabetes | ☐ Dizziness or Fainting | ☐ High Blood Pressure >140/90 |
| ☐ Epilepsy | ☐ Stomach/Duodenal Ulcer | ☐ Palpitations or chest pain |
| ☐ Hernia | ☐ Liver or Kidney Condition | ☐ Raised Cholesterol/Triglycerides |

If you ticked yes, to any of these conditions please take this form to your doctor and ask for a medical clearance stating that your known medical conditions are stable and managed.

- ☐ Has anyone in your family under 60 suffered heart disease, stroke, raised cholesterol or sudden death?
- ☐ Are you male over 35 or female over 45 and NOT used to regular vigorous exercise?
- ☐ Are you on any prescribed medications? ☐ Have you been hospitalised recently?
- ☐ Do you have any infectious diseases? ☐ Are you pregnant?
- ☐ Have you given birth within the last 6 weeks?

If you ticked any of the above please give details of any conditions, medications or approximate dates of clearance:

Condition Cleared

Signed

Have you ever had or do you have?

- ☐ Arthritis ☐ Asthma ☐ Cramps ☐ Muscular Pain

Any pain or major injuries in the following areas (circle)?

- ☐ Neck ☐ Back ☐ Knees ☐ Ankles ☐ Wrists ☐ Elbows

Do you smoke?

Are you dieting or fasting?

Are there any other conditions, which may be reason to modify your exercise program?

If you answered 'yes' please inform the instructor before starting exercise.

What exercise have you been doing recently?

Intensity: ☐ Hard ☐ Medium ☐ Light

Please read the following exercise advice carefully before signing

- Ask the instructor to guide you into the most suitable level. Start at a low level and concentrate on learning to do the exercises properly. On each visit you will be able to work a little harder. Limit yourself to a pace where you can still talk comfortably.
- Should you suffer any injury, illness or condition, please tell the instructor by completing this form again.
- It is recommended that all males over 35 and females over 45 should have a medical assessment before starting an exercise program.

Statement

- I recognise that instructor is not able to provide me with medical advice with regard to my medical fitness, and that this information is used as a guide to the limitations of my ability to exercise. I have answered the questions to the best of my ability and understand the advice above.
- I declare that I am in a physical state, which is sufficient to enable me to participate in the type and intensity of exercise that I intend to participate. Further, I declare that I am not suffering from any injury or illness or taking any medication that will place me at risk or affect me while exercising. I acknowledge that any form of physical exercise has dangers associated with it and agree to abide by The Padwork and Speedball Procedures and within limitations as specified on this form in order to reduce my chances of injury.
- I release the instructor from all action, claims and costs arising out of, or in any way connected with my participation in any fitness activity.
- I also indemnify the instructor from all action, claims and costs against it for any personal injury or damage to property out of or in any way connected with my participation in any fitness activity.
- If you are under 16 years of age, you must provide a medical clearance and be accompanied by a parent or legal guardian.

Signature: _____ Date: _____ Legal Guardian: _____ Date: _____