

## Pre-exercise medical questionnaire

Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ Post code \_\_\_\_\_

Phone Work \_\_\_\_\_ Home \_\_\_\_\_ Mobile \_\_\_\_\_

Emergency contact Name \_\_\_\_\_ Phone \_\_\_\_\_

	Yes	No
1. Has a Doctor ever said you have a heart condition and you should only participate in medically supervised physical activity?		
2. Do you have or feel chest pain during physical activity?		
3. Have you had chest pain in the last month when you weren't doing physical activity?		
4. Do you experience loss of balance due to dizziness, or do you lose consciousness?		
5. Are you taking any medication for blood pressure (for example, water pills) or a heart condition?		
6. Do you have an existing bone or joint problem (for example, back hip or knee) that is likely to be made worse by physical activity?		
7. Do you experience shortness of breath with mild exertion?		
8. Do you suffer with palpitations?		
9. Are you pregnant or have you given birth in the last 6 weeks?		
10. Do you have diabetes mellitus?		
11. Do you know of any reason why you should not exercise?		

Notes :

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**If you have answered yes to one or more of the questions above, you should consult your doctor before becoming more physically active**

