

Pre-Exercise Questionnaire



Certain medical issues may indicate that you should not take part in exercise unless you have first obtained your doctor's approval.

Please tick the boxes below if any of the following medical issues apply to you **unless you have already obtained your doctor's approval to exercise**. If any of the following medical issues apply to you and you have not obtained your doctor's approval to exercise you must obtain your doctor's approval to exercise before we can permit you to exercise in our centres.

- 1. You have a heart condition and your doctor has recommended that you only exercise in a medically supervised programme
- 2. You have on one or more occasions lost consciousness or fallen over as a result of dizziness
- 3. You experience unexplained chest pains at rest or while active
- 4. You have been diagnosed with a severe bone or joint problem that could be made worse by exercising
- 5. You are currently being prescribed medication for high blood pressure, a heart condition or other serious illness
- 6. You are pregnant or have given birth in the last three months
- 7. There is another reason, not mentioned above, why you should only exercise in a medically supervised programme (e.g. uncontrolled diabetes or epilepsy)

Declaration

If you have any questions regarding this Pre-Exercise Questionnaire please speak to a Nuffield Health team member. If any of your answers to the above questions change or for any other reason you are unsure at any time whether as a result of your state of health you should exercise please seek the approval of your doctor and inform Nuffield Health before exercising

I have read and fully understand this Pre-Exercise Questionnaire and confirm that the answers given by me are correct and not misleading. I know of no reason why I should not participate in any form of exercise or any other activity available at our Centre.

Applicant Name

Signature

Date

