

HEALTH SCREEN EXERCISE WAIVER FORM

Rancan Sisters Fitness, Mosman, need to be aware of your health history for your general well being. This form must be **completed and signed before** you participate in exercise sessions. It will only take 5 mins of your time.

All information is strictly confidential.

Name:.....

Age:..... DOB..... Male:..... Female:..... (Please circle)

Address:..... Suburb:..... P/Code:.....

Telephone: (Mobile)..... (Home)..... (Work).....

Email:.....

HAVE YOU SUFFERED FROM: or ARE YOU SUFFERING FROM:

High Blood Pressure?..... YesNo
If Yes – please state medication:.....

High Cholesterol/Triglycerides?..... YesNo
Chest Pain/Tightness?..... Yes No
Rheumatic Fever?..... Yes No
Any Heart/Stroke Condition? Yes No
Gout? Yes No
Stomach/Duodenal Ulcer?..... Yes No
Liver/Kidney Condition? Yes No
Epilepsy? Yes No
Back Problem/Injury? Yes No
If Yes – please to any of the above, please state details:.....

Neck Problem/Injury? Yes No
If Yes – please state details:.....

Shoulder Problem/Injury?..... Yes No
If Yes – please state details:.....

Are there any other conditions likely to limit your exercise program?.... Yes No
If Yes – please state details:.....

DO YOU HAVE: or HAVE YOU EXPERIENCED:

Family history of heart disease/stroke/raised cholesterol/under 65yrs? Yes No
Asthma or Breathing Difficulties? Yes No
A Hernia? Yes No
Arthritis? Yes No
Muscular Pain/Cramps/Back Pain? Yes No
Are you Pregnant?/ have had a children/how many? Yes No
Any Major Injuries?..... Yes No
If Yes – please state details:.....

Do you smoke? Yes No
Currently taking Prescribed Medication? Yes No
If Yes – please state details:.....

I am willing to participate in exercise at my own risk. On this form I have clearly outlined any physical condition, disability or any predisposition to sickness or injury. I take full responsibility for any injury, loss or damage to my person that may arise directly or indirectly from my participation in exercise sessions with any instructor from Rancan Sisters Fitness, Mosman. I will not penalize, prosecute or claim compensation from any instructor or employee of Rancan Sisters Fitness, Mosman.

Client's Signature: **X**..... Date: