

Cilles A.C. Fit4Life Health Screening



Personal Details

FIRST NAME:	Phone :	
LAST NAME:	Gender: M/F	DOB
E-MAIL:		

Exercise History

Are you partaking in any form of exercise or physical activity at present? Yes / No
If yes please give details of type, frequency and duration of the exercise

If No did you partake in any form of exercise of physical activity in the past Yes / No
Please give details of type, frequency and duration of the exercise & how long since you engaged in regular exercise?

Medical

Do you have any medical condition, current or recent Injury or physical pain that we should be aware of?
If yes explain briefly.

Informed Consent

I confirm that I have completed the above questionnaire to the best of my ability and that I have provided accurate information regarding my current health status. I take it upon myself to discuss any changes in my health with the Cilles AC fit4life leaders. I understand that any exercise programme has certain risks. I understand that the degrees of risk depend on my health and physical fitness. I am voluntarily participating in the activities of this programme and I will immediately discontinue any activity if feeling any symptoms of distress or discomfort and I will notify one of the leaders of same. In this respect I hereby indemnify the club and leaders.

Please consult with your doctor before starting any exercise programme

Participants Signature _____

Involvement

Are you interested in getting involved, leading groups etc.? Y / N
Do you have any experience coaching or leading groups? Y / N

If yes, explain briefly