

Pre-Activity Questionnaire

Full Name:

Date of Birth:

Address:

Post code:

Phone: (h)

(m)

E-mail:

Occupation:

Sex (M or F):

How did you hear about us?

If from a friend, please tell us who so we can reward them:

Fitness Information

Have you been exercising recently? YES NO

If yes, what type of exercise?

Frequency of exercise (times per week)?

Medical Information

When was your last medical check-up?

Please circle which answer applies to you below:

Current illness/infectious disease

YES

NO

High blood pressure

YES

NO

High cholesterol/triglycerides

YES

NO

Pain/tightness in the chest	YES	NO
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Heart condition or stroke	YES	NO
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Diabetes	YES	NO
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Epilepsy/fainting/dizziness	YES	NO
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Breathing difficulties/asthma attacks	YES	NO
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If you answered yes to any of the above please provide further details:

Females: Are you pregnant?	YES	NO
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Females: Have you recently given birth?	YES	NO
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Do you have any current injuries?	YES	NO
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If yes, what type of injury/s:

Are you seeking advice from a medical practitioner?	YES	NO
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If yes, name of practitioner:

Company:

Have you had any previous injuries that restrict you during exercise?	YES	NO
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If yes, please provide details:

Is there anything else we should know before you begin exercise?

Health Goals

What is the main outcome you want to achieve from improving your training and nutrition?

Make the most of your Linked experience...

At Linked we have a holistic approach to health and fitness so please indicate if you would like to be notified about what else we have to offer:

- | | | | |
|-----------------------------|--------------------------|-----------------------|--------------------------|
| Nutrition, food and recipes | <input type="checkbox"/> | Seminars | <input type="checkbox"/> |
| Training Challenges | <input type="checkbox"/> | Family fitness events | <input type="checkbox"/> |
| Health Retreats | <input type="checkbox"/> | Corporate Training | <input type="checkbox"/> |

STATEMENT

By signing this form I acknowledge that:

- The information I have provided on this form is correct.
- I will inform Linked – Training and Nutrition immediately if this information changes.
- I understand and assume full responsibility for the risks of any and all injuries, damages or loss, regardless of severity, that I may sustain as result of participation at Linked – Training and Nutrition.
- I agree not to bring any claim, legal or otherwise against Linked – Training and Nutrition, its officials, agents, volunteers and employees, in respect of or arising out of any injury, damage, loss or death caused to me or my property in anyway.
- I give permission to be added to the mailing list for Linked - Training & Nutrition.
- I give permission for Linked – Training and Nutrition to use any multi media content of myself for advertising purposes.

Signed:

Date:
