

**PRE EXERCISE SCREENING**

Name: ..... Age: ..... DOB: ...../...../..... M / F  
 Address: .....  
 Phone Home: ..... Mobile: ..... Email:.....  
 Emergency Contact Person:..... Phone:.....

- 1/ Do you have, or have you had:**
- heart disease (please specify):  
.....
  - high blood pressure     high cholesterol
  - diabetes
  - lung disorder (eg. asthma, emphysema)  
.....
  - other cardiac problem (incl. pacemaker,):  
.....
  - no/ or none of the above.

- 2/ Have you ever been told you are at risk of:**
- heart disease     high blood pressure
  - high cholesterol     diabetes     stroke
  - no/ or none of the above.

- 3/ Have you ever been told that you have heart problems, eg.:**
- heart murmur     valve defect
  - racing heart     irregular beats
  - angina
  - other: .....
  - no/ or none of the above.

- 4/ Do you have, or have you experienced:**
- epilepsy     fainting     seizures
  - dizzy spells     convulsions
  - no/ or none of the above.

- 5/ Do you experience sudden shortness of breath?**
- Yes     No

- 6/ Have you ever had pain or pressure, either at rest or during exercise:**
- in the middle of, or on the left side of, the chest,
  - in the neck region,
  - at the left shoulder or down the left arm.
  - no/ or none of the above.

- 7/ Do you take any medications for (please name):**
- heart disease: .....
  - diabetes:.....
  - cholesterol:.....
  - blood pressure:.....
  - asthma, breathing problems: .....
  - .....
  - no/ or none of the above.

- 8/ Are you aged over 60 years of age:**
- Yes     No

- 9/ Do you have any joint or muscular problems that may affect your ability to train:**
- Yes     No

If yes, please explain: .....

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- 10/ Do you have any other conditions or injuries that may affect your ability to train:**
- Yes     No

If yes, please explain: .....

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Nic Tomkins strongly recommends that you consult your doctor and obtain medical clearance prior to commencing any exercise program, as a certain level of risk is inherent in any exercise program. Any information, instruction or advice obtained from Nic Tomkins may not be substituted for your doctor's advice or treatment, and that any instruction or advice is obtained at your own risk. You agree to release and discharge Nic Tomkins from any and all responsibilities or liabilities from injury or illness arising from your participation in any activity undertaken or upon his advice.

Signature Client: ..... Nic Tomkins : ..... Date .....