



HEALTH & FITNESS SCREENING FORM

Date: _____ How did you hear about us? _____

Title: _____ First Name: _____ Surname: _____

Address: _____ Suburb: _____

Mobile: _____ Date of Birth: _____ E-mail Address: _____

Have you ever been a member of a gym before? Y/N Where? _____

What did you like about it? _____ What did you dislike about it? _____

How long have you been thinking of starting an exercise program? _____

What has kept you from starting sooner? _____ Is this still a problem? Y/N

Are you currently Exercising or playing any sport? _____

Are you dieting or watching your eating habits? Y/N Would you like assistance with this? Y/N

What do you want to achieve from your Emergency Fitness group or personal training sessions? (please tick)

Reduce body fat _____

Stress management _____

Tone up _____

Sports conditioning _____

Improve muscle _____

Rehabilitation _____

Strength training _____

Increase endurance _____

For fun _____

When do you want to achieve these results by? _____

On a scale of 1-10 (10 being very important) how important it is for you to achieve these goals? _____

How many exercise sessions per week are you dedicating to achieving your exercise goals? _____

Health & Medical Check*

Do you suffer from, or have you suffered from:

Arthritis Y/N

Any infections/infectious diseases Y/N

Asthma Y/N

Back pain Y/N

Diabetes Y/N

Heart Palpitations/Chest pain Y/N

Epilepsy Y/N

Have you been pregnant recently Y/N

Heart Condition Y/N

Any major injuries Y/N

High/Low Blood Pressure Y/N



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Do you have any past or present physical illness or injury that may limit your activity or increase your risk of further illness or injury while participating in an exercise program? _____

Do you eat Junk Food: Y/N What types of Junk Food do you consume? _____

Do you smoke Y/N How often? _____

Do you drink alcohol Y/N How often? _____

Declaration

I acknowledge and accept that there are obvious and inherent risks involved with any physical activity and whilst Energy Fitness programs are designed in such a way to minimise the risks of injury, by participating in the program I do so voluntarily, at my own risk with the full knowledge, understanding and appreciation of the dangers involved having regard to my age, level of fitness and overall health. I warrant that the information provided in this form is true and correct and I have no undisclosed injury or illness that may affect my ability to undertake rigorous exercise and to the best of my knowledge I am ready and able to participate in a physical exercise program with Energy Fitness. I agree to take all responsibility or liability for any injuries or damages resulting from my participation in an Energy Fitness program and release and indemnify Energy Fitness, its employees and agents from all claims, liabilities, loss or damage of any kind incurred by Energy Fitness arising directly or indirectly from my participation in a program, including anything caused by my negligence and/or failure to comply with the instructions of Energy Fitness.

Signed (Member) _____ Date _____

Signed Guardian (if under the age of 18) _____ Date _____

Signed (EF Staff) _____ Date _____

Emergency Contact _____ Emergency Contact Number _____

Thank you for choosing Energy Fitness.

Yours in health and fitness...



*You warrant that this information is true and accurate