

SUPERHEALTH FITNESS - HEALTH QUESTIONNAIRE

Bootcamp Location: _____ Bootcamp Time: _____

INSTRUCTIONS

1. Answer all questions below by circling YES or NO with each question.
2. Your accurate answers to these questions gives us in-depth knowledge about your ability to be able to safely undertake Bootcamp training, Failure to disclose relevant information may put your safety at risk.

THIS FORM IS TO BE RETURNED AT YOUR FIRST BOOT CAMP SESSION.

MR / MRS / MS / MISS Given Name: _____ Family Name: _____

Date of birth: _____ / _____ / _____ Age: _____ Height: _____ cm Weight: _____ kg

Home Address: _____

E-mail: _____ Contact Number: _____

How did you hear about us? Friend, Internet, Flyer, Papers, Yellow Pages, Other _____

HEALTH QUESTIONS

1. Have you EVER had asthma/used inhaler medication/ been troubled by shortness of breath? YES / NO
2. Do you have diabetes or raised blood sugar levels? YES / NO
3. Have you EVER had epilepsy, experienced fits, seizures, convulsions, fainting or blackouts? YES / NO
4. Have you EVER had heart disease, heart murmur or irregular heartbeat? YES / NO
5. Do you experience chest pain or angina? YES / NO
6. Have you EVER been told that you have high blood pressure? YES / NO
7. Have you EVER had any injuries that have led you to see a medical practitioner? YES/NO
8. Have you EVER been diagnosed with hepatitis, HIV or AIDS? YES / NO
9. Have you EVER suffered from mental illness, depression, anxiety or stress? YES / NO
10. Have you EVER suffered from arthritis or any bone or joint problems? YES / NO
11. Have you EVER undergone any operations? YES / NO
12. Have you EVER had shin splints? YES / NO
13. Are you currently receiving treatment for any health conditions? YES / NO
14. Are you taking any prescribed medication? YES / NO
15. Do you know of ANY other circumstances regarding your health and fitness that MIGHT make you unable to carry out any exercises conducted during a fitness session? YES / NO

If you have answered YES to any health questions you may need to obtain clearance from your medical practitioner relating to the condition (if it is ongoing) stating you are able to undertake a SuperHealth Fitness Training Program without risk of the condition worsening. If you are unsure please call SuperHealth Fitness for clarification. Submit your Doctor's approval with this form on commencement of your first session.

We insist that all clients over 50 years of age who intend participating in SuperHealth Fitness Programs obtain a hand written doctor's clearance indicating there are no apparent medical concerns and attach it to this form prior to commencement at the Boot Camp.

SuperHealth Fitness Programs can be very demanding physically and psychologically. You will be undertaking Military Style Fitness Classes and Exercises including, but not limited to, rope and tyre runs, endurance activities, circuits, agility and running drills, non-contact boxing and core conditioning, run and dodge activities, and competitive team activities.

1. The information given by me in this Questionnaire is complete, true and accurate.
2. I agree that I will undertake outdoor exercise in accordance with the terms and conditions set out in the website.
3. I have obtained clearance from my medical practitioner where required or recommended.

Signature _____ Date _____ / _____ / _____

Parent signature: _____ Parental agreement necessary if you are under 18