



# Pre Exercise Screening

## PERSONAL DETAILS

Name: .....	Age: .....	DOB: ...../...../.....	M / F
Address: .....			
Phone Home: .....	Mobile: .....	Email: .....	
Emergency Contact Person: .....		Phone: .....	
How did you find out about us? .....			

**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

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**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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KO Sport 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 KO Sport 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 KO Sport, its staff and partners from any and all responsibilities or liabilities from injury or illness arising from your participation in any activity undertaken at KO Sport or upon our advice. I understand that my participation and safety are my responsibility. KO Sport from time to time will email you about class information and offers. If you would prefer not to receive these, then please tick this box

Signatures: Client: ..... Staff : ..... Date: .....