



Pre-exercise Screening Questionnaire

1. Personal Details

Name: _____

Address: _____

Phone number: _____

Email: _____

Employer: _____

Date of Birth: _____

Sex: Male Female

T-Shirt size: SML MED LG
 XLG XXLG XXXLG

2. What are your goals for 2009? (Tick appropriately & prioritise 1 – 3)

- Reduce body fat
- Improve muscle tone
- Sports conditioning
- Weight loss
- Increase endurance
- Reshaping
- Boost energy levels
- General health and fitness

3. How important do you see your training? (Please mark on a scale of 1 to 10. 1 being not at all important 10 being very important).

1 2 3 4 5 6 7 8 9 10

4. Do you smoke?

Yes No

5. Are there any events you are training for currently? (Please specify if you answered yes)

Yes No

6. Do you have any of the following medical conditions? (Tick appropriately).

- High Blood Pressure?
- Immediate family history of heart or pulmonary disease?
- Heart disease?
- Diabetes?
- Pregnant or given birth in the last 3 months?
- Rapid throbbing or fluttering of your heart?
- Suffer from dizziness or fainting?
- Lung problems (asthma, bronchitis)?
- Arthritis?
- Chronic headaches or migraines?
- Experience numbness or tingling sensations?
- Hernia?
- Neck injury?
- Back injury?
- Knee injury?
- Ankle injury?

Please provide details of any other medical or health concerns that may affect your training performance.

CALL

Daniel 0425 371 044 Charlie 0423 189 969

EMAIL

info@dayone.com.au

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Pre-exercise Screening Questionnaire cont...

7. How did you hear about Day One Health and Fitness?

- Website
- Word of mouth
- Mail Drop
- Print Media
- Referred by a friend (please specify who)

8. Would you like to receive a bimonthly email on training tips and diets etc ?

- Yes No

Other (please specify)

In participating in this program, I acknowledge that;

I participate entirely at my own risk, and must exercise due care to ensure my personal health and safety, and that of others.

I will follow any directions or advise affecting my safety and that of others, given to me by my trainers.

I have provided my trainers with accurate information regarding my medical, health and exercise history, and others concerns I may have.

I, being aware of my own health and physical condition, and having knowledge that my participation in this challenge and its activities may be injurious to my health, am voluntarily participating in this challenge.

Signature:

Date:

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