

Medical Screening Questionnaire

Regular physical activity is fun and healthy. However, please complete this questionnaire before embarking on a new activity programme. When answering the following questions please be honest – all answers will be treated with the strictest confidence.

Name: **Date:**

Address:

..... **Postcode**

Mobile number:..... **Email address:**

Emergency contact details. Name:

Tel no. (home): **Tel no. (work):** **Mobile:**

YES NO Has your doctor ever said that you have a heart condition?

If YES, please give details:

YES NO Do you feel pain in your chest when you do any physical activity?

YES NO In the past month, have you had chest pain when you were NOT doing physical activity?

YES NO Do you lose your balance because of dizziness or do you ever lose consciousness?

YES NO Do you have a back, pelvic or other joint problem that could be made worse by a change in your physical activity ?

If YES, please give details:

YES NO Do you suffer from raised blood pressure?

If YES is this pregnancy related and how is it being treated?

YES NO Do you suffer from diabetes?

If YES, is it pregnancy related and how is it being treated?

YES NO Do you suffer from asthma?

If YES, how do you control it?

YES NO Do you know of any other reason that could affect your participation in exercise?

If YES, please give details:

YES NO Are you a regular exerciser?

If YES please give details:

Exercise type:

Time:

Frequency:

Intensity:

Signed: **Printed name:** **Date:**

Informed Consent

A group fitness programme has been designed for you, taking into account your health and activity levels. It involves a warm up, as well as kettlebell training and circuit training.

All activities will be explained and demonstrated where necessary. Please feel free to ask questions about any part of the programme. Any exercise programme carries with it an element of risk. This programme is designed in such a way as to minimise the risk whilst conveying maximum training benefit to assist you in achieving your goals.

Please inform me if for any reason you should not participate in a particular exercise, or of any injury that you have which may be aggravated by exercise. If at any time during KettlebellFit you feel undue pain or excessive discomfort, you should stop the exercise and inform me.

I agree to take part in KettlebellFit and I understand that the programme will change and progress over the 10 weeks. The nature, purpose, risks and benefits have been explained to me.

I warrant that I have made a full and correct disclosure of my health status on the Medical Screening Questionnaire, that my status has not changed since the aforementioned disclosure and that I am not aware of any adverse medical condition in myself which KettlebellFitUK would expect me to reveal.

I understand that KettlebellFitUK does not bear any liability for personal injury however caused to any persons, including but not limited to myself as a result of my participation in this programme. KettlebellFitUK recognises that liability as a result of negligence cannot be excluded.

Participant's signature: **Date:**

Printed name:

Witness signature: **Date:**

Printed name: