



PETEFIT.COM
 freestyle fitness yoga
 fitness pilates
 cardio & core

Health Status Questionnaire

		Date:		
Name				
Address:			Age	
			Home no.	
			Mobile no.	
			Email	
Post Code			Occupation	
History				
Current illness/disease/condition	N/A			
Current or recurring injury	N/A			
Are you taking any medication	No	Yes	Please state -	
Back/Knee/Joint Problems				
Pregnant	Yes	No	Post partum	Months
Have you ever suffered from any of the following problems ?				
Heart Condition			High Blood Pressure	
Low Blood Pressure			Epilepsy	
Diabetes			Schizophrenia	
Faint/Dizziness			High Cholesterol	
Angina			Other (Please State)	
Do you currently exercise ?				
<p>Informed Consent I hereby consent to take part in FITNESS YOGA, FITNESS PILATES, and CARDIO AND CORE at my own risk. If I have any known health problems I will discuss them with Peter Webber. If he offers any reason for not joining in any of these exercise programs I will adhere to his recommendations. I fully understand that the risks of undertaking physical activity may include of heartbeat, abnormal blood pressure response and ,very rarely, a heart attack or death. I further understand that selection and supervision of exercise is a matter of professional judgement. I understand I can withdraw my consent or discontinue participation in any aspect of the fitness programs at any time without penalty or prejudice towards me. I have read the statement above and had all of my questions answered to my satisfaction.</p>				
Print Name			Signature	