



Contact Details.

Surname.	Date of Birth.	E-Mail.	
Given Name.	Age.	Phone Home.	Mobile/ Work.
Address.		Occupation.	

Doctors Name.	Doctors Address.		
Phone.	Fax.	E-mail.	
Emergency Contact.	Relationship.	Contact Phone Numbers.	

General Health Check.

	Do you or have you suffered from the following?	Yes	No	Comments
1	Any Heart Condition			
2	Stroke			
3	Asthma/Respiratory Problems			
4	Diabetes			
5	Faintness/ Light Headiness/Blackouts			
6	Epilepsy			
7	Hernia			
8	Pregnant now or delivered last 6 months			
9	Regular Headaches/Migraines			
10	Back pain			* Details next page
11	Joint/Arthritis Problems			* Details next page
12	Muscular/Ligament Injuries			* Details next page
13	High Blood Pressure (>140/90)			
14	Have you been hospitalised recently?			
15	Recent Surgery (last 6 months)			
16	Any other condition that restricts activity.			
17	Have you/ do you smoke?			
18a	Are you on any prescribed medication			

18b. What is the medication for?

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How does this medication affect your ability to exercise or achieve your fitness goals?

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General Health Check Continued.

*Have you had any pain or major injury in the following areas? (Please give details below)	
Neck	
Shoulder	
Back	
Hip	
Knee	
Ankle	

	Physiotherapist		Chiropractor		Osteopath
Name:			Address:		
W #		Fax#		E-@	

If you have indicated **YES (at any stage)**, please take this form to your **Doctor** and ask for **clearance** to exercise before starting any exercise program, or sign below if you have already cleared the condition with your doctor.

I understand that as part of this screening:

- *The trainer/coach has no expertise in the field of medicine nor are they trained to detect serious medical problems and that if a medical problem concerns me that I will consult my doctor.*
- *Please be aware that during my training program, it will be necessary to inform my trainer/coach of any change in physical condition. (e.g. Pregnancy or injury that may require a change in exercise prescription).*
- ***If you are over 40, it is advised that you see a doctor to obtain a medical clearance prior to commencing an exercise program with Vital Lifestyle Coaching.***

I hereby declare that I am in a fit state of health to undertake a fitness program with Vital Lifestyle Coaching and acknowledge that I have provided all medical details herein and

have **(Documentation attached)**

have not

been advised to obtain a medical clearance prior to exercise. I hereby agree to sole responsibility for my present physical condition and understand that the exercise program I undertake is at my own risk.

Signature _____ Date _____