



**Health and Fitness Questionnaire**

**Please read the questions carefully and answer each one honestly. Please add information where necessary. All information in this form will be kept confidential.**

Name \_\_\_\_\_ Date of Birth/Age \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

E-mail \_\_\_\_\_ Telephone \_\_\_\_\_ Emergency Contact \_\_\_\_\_

**YES NO**

- 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
- 2. Do you feel pain in your chest when you do physical activity?
- 3. In the past month, have you had chest pain when you were not doing physical activity?
- 4. Do you lose your balance because of dizziness or do you ever lose consciousness?
- 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? Have you suffered from broken bones?
- 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
- 7. Are you pregnant?
- 8. Do you have insulin dependent diabetes?
- 9. Are you 69 years of age or older and not used to being very active?
- 10. Do you know of any other reason why you should not exercise or increase your physical activity? If yes please explain.

\_\_\_\_\_  
\_\_\_\_\_

How would you describe your current level of physical fitness? What physical activities do you do now and how many days a week? Please include a description of intensity, duration and frequency.

\_\_\_\_\_  
\_\_\_\_\_

What are your fitness and health goals and what specifically would you like to achieve from attending Fitcamp?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you answered YES to one or more of questions 1-10 above, talk with your doctor before you become more physically active. If your health changes so that you then answer yes to any of the above questions, seek guidance from a physician.

\_\_\_\_\_

Participant Signature

\_\_\_\_\_

Date