PRE-EXERCISE HEALTH QUESTIONNAIRE

Answer honestly before you begin training. If you answer **"yes" to any question**, consult your doctor and provide medical clearance before your first session.

FULL NAME _____ DATE _____

QUESTION	YES	NO
1. Has a doctor ever told you that you have a heart condition or blood-pressure problem?	☐	☐
2. Do you feel chest pain during physical activity or at rest?	☐	☐
3. In the past year, have you lost balance because of dizziness or lost consciousness?	☐	☐
4. Do you have a bone, joint or muscle problem that may worsen with exercise?	☐	☐
5. Do you take medication for blood pressure, a heart condition or another chronic condition?	☐	☐
6. Do you have a diagnosed condition (for example diabetes or asthma), or have you had surgery in the past 6 months?	☐	☐
7. Are you pregnant, or have you given birth in the past 6 months?	☐	☐
8. Is there any other reason a doctor has advised you not to exercise?	☐	☐

If you answered "yes" to any question: do not start yet. Consult your doctor and explain the type of activity you plan to do (moderate-intensity group circuit sessions), then bring signed medical clearance.

If your health changes during the program (an injury, pregnancy, a new diagnosis or medication), tell your trainer before the next session.

CLIENT SIGNATURE _____ TRAINER SIGNATURE _____ DATE _____

General screening questionnaire. It does not replace medical assessment or professional diagnosis.