

# INFORMED CONSENT FORM

**HEALTH SCREENING:** PLEASE COMPLETE THIS FORM BEFORE TAKING PART IN ANY EXERCISE PROGRAM.  
 If you are between the ages of 15 and 69 and do not exercise regularly you are strongly advised to consult your GP. Your signature at the foot of this form confirms you understand the risks involved in exercise, have given your **INFORMED CONSENT** and are participating at your own free will in an exercise programme.

ABOUT YOUR GENERAL HEALTH	Y/N	ABOUT YOU	Y/N
1 Have you ever been advised not to take physical exercise?		9 Do you smoke?	
2 Do you ever feel pain in your chest after physical exercise?		10 Do you have high blood pressure?	
3 Have you ever had pain in your chest when exercising?		11 Do you have a high cholesterol level?	
4 Do you ever feel faint, dizzy or lose consciousness?		12 Are you diabetic?	
5 Do you or your family have a history of heart disease?		13 Are you asthmatic?	
6 Have you recently had surgery or a serious illness?		14 Do you exercise regularly?	
7 Are you currently taking any medication?		15 How far do you think you can run without stopping ?	
8 Are you pregnant or have you recently given birth?		100metres.....500metres.....1mile.....3miles.....5miles.....10miles	

**ABOUT EXERCISE PROGRAMMES:**

EXERCISE PROGRAMMES are designed to improve Cardiovascular (heart and lungs) Fitness, Muscle Tone and Strength, Endurance and Flexibility and may include physical activities such as Running, Stretching, Lifting Weights and using Gym Equipment/Machines. Each part of the program and each exercise will be fully explained to you, PLEASE ask questions if you are not clear about anything. PLEASE also notify the coach if you feel you should not do a particular exercise for ANY reason. This form will be passed to your coach to make them aware of your current fitness.

Any EXERCISE PROGRAM contains certain risks. Muscle pulls, Joint strains, Aches, Pains and general discomfort from parts of the body not previously used. The program is designed to minimise these risks. However, if at any time during an exercise session you feel pain or discomfort YOU MUST STOP IMMEDIATELY and inform the coach.

- You are advised to talk to your GP if you answered Yes to any of Questions 1 –13 above. There are many activities you may still be able to do.
- You are advised to start slowly and increase your level of activity slowly whatever level you are currently at.

I hereby state that I have read, understood and answered all the questions truthfully. Any queries have been answered to my satisfaction. I also state that I wish to participate in the range of activities including cardiovascular and resistance (weight bearing) exercise. I realise that these activities involve the risk of injury or even death.

Signed.....Print Name.....Date.....