



PRE-SCREENING QUESTIONNAIRE

Personal Information:

Name: _____ Date of Birth: ____/____/____
Age: _____ Gender: M / F Email: _____
Address: _____ City: _____ Area Code: _____
Phone: _____ Occupation: _____
Emergency Contact Person: _____ Emergency phone: _____
Relationship to emergency contact: _____

Medical Information

Have you ever had or do you have and of the following? (Please Tick all that apply)

High blood pressure*	High Cholesterol
Heart/Stroke condition*	Asthma or breathing difficulties
Pain/Tightness in the Chest*	Muscle pain/Cramps
Dizziness or fainting*	Epilepsy
Diabetes	Back pain
Arthritis	Joint pain

If you answered YES to any of the above please provide details:

If you have answered YES to two or more of the above Cardiac risk factors in red, then you should see a doctor for a medical clearance before starting the Boot Camp Programme.

Do you have a family history of heart disease, stroke or raised cholesterol of relatives under the age of 65? Yes / No

If you have answered yes, then you should see a doctor for a medical clearance before starting the Boot Camp Programme.

Do you have any injuries that may hinder your participation in the boot camp? Yes / No

If you answered yes to the previous question, please describe the injury:

Have you exercised in the water before?

Yes/No

If you have answered no, are you comfortable to participate in the Water sessions? Yes / No

Do you smoke?

Yes / No

If no, have you quit in the last two years? Yes / No

Have you had surgery in the last year?

Yes / No

Please specify _____

Is there anything that we should know that may limit your activity or participation on our Boot Camp Programme?

Yes / No

If yes, please specify: _____

Are you currently taking medication?

Yes / No

If Yes, what is medication are you taking? _____

Has a doctor imposed any activity restrictions? If so, please describe:

Please indicate any other medical conditions or activity restrictions that you may have. It is important that this information be as accurate and complete as possible.

Exercise and Diet

Do you engage in regular exercise/sport?

Yes / No

If yes, describe the nature of the programme. E.g. Cardiovascular, weight programme

What are your goals out of this boot camp? (Please Tick which ones apply)

Body fat reduction

Cardiovascular fitness

Muscular strength

General Wellbeing

Muscular Definition

Increased flexibility

Social

Try something new

Weight loss

Other (Please specify): _____

How many sessions do you aim to attend? (Per week) _____

What is your short term goal? (8 weeks)

Overall how would you describe your nutritional intake? (Please circle one only)

Poor

Average

Good

Excellent

If your attendance becomes irregular and you don't make your session per week goal, do you give us permission to contact you to offer support? Yes / No

If there is any other information you think we should know please use the space below:

I have answered all questions honestly and completely to the best of my ability.

Participant Name: _____

Participant Signature: _____ **Date:** _____