



## **PRE-EXERCISE SAFETY QUESTIONNAIRE**

SURNAME:

BOOKING No:

FORENAME

EMAIL:

ADDRESS:

POSTCODE:

HOME/MOBILE PHONE:

D.O.B:

HOW DID YOU HEAR ABOUT SPINZONE?

- .....

PLEASE READ THE QUESTIONS CAREFULLY AND ANSWER AS ACCURATELY AS POSSIBLE. DO YOU HAVE ANY OF THE FOLLOWING CONDITIONS?(PLEASE GIVE DETAILS WHERE NECESSARY)

- ANY HEART PROBLEMS.....
- HIGH OR LOW BLOOD PRESSURE.....
- STROKE.....
- ASTHMA.....
- DIABETES.....
- EPILEPSY.....
- JOINT PROBLEMS.....
- MUSCLE PROBLEMS.....
- FAMILY HISTORY PROBLEMS.....
- PREGNANT.....
- ANY MEDICATION OR DRUGS.....
- DO YOU FEEL THAT YOU NEED TO MAKE THE INSTRUCTOR AWARE OF ANYTHING BEFORE PARTICIPATING IN A SPINZONE SESSION?

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**IT IS IMPORTANT THAT, IF THERE IS A CHANGE IN ANY CIRCUMSTANCES RELATING TO YOUR MEDICAL OR PHYSICAL CONDITION, YOU SHOULD NOTIFY YOUR INSTRUCTOR IMMEDIATELY**

**I HAVE READ, UNDERSTOOD AND ANSWERED THE QUESTIONS CORRECTLY AND AM SATISFIED I AM SUITABLE TO UNDERTAKE SPINZONE SESSIONS**

**SIGNATURE:**

**DATE:**