

Group fitness and personal training sessions instructed by Kevin Lyle. Fully qualified and certified



## Medical questionnaire

Full name.....

Address.....  
.....

Telephone number.....

Emergency telephone.....

<b>Have you ever</b>	<b>YES</b>	<b>NO</b>
Been diagnosed with high blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Been diagnosed with low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Had any heart or lung complaints	<input type="checkbox"/>	<input type="checkbox"/>
Had any of the following complaints	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Thyroid	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>
Any other please specify.....		
Do you smoke?	<input type="checkbox"/>	<input type="checkbox"/>
If so how many.....		
Are you on a Calorie controlled diet?	<input type="checkbox"/>	<input type="checkbox"/>
If so how many calories.....		
Do you suffer regular headaches?	<input type="checkbox"/>	<input type="checkbox"/>
Faintness or dizziness associated with exercise	<input type="checkbox"/>	<input type="checkbox"/>
If so give details.....		
Are you currently taking any medication?	<input type="checkbox"/>	<input type="checkbox"/>
If so please give details.....		

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Are you currently suffering as a result of any injuries from the following?

Back  Knees  Arms  Shoulders  Hips

If yes, please specify.....

Have you had recent surgery? YES  NO   
If yes please specify.....

Are you pregnant or have you had a child YES  NO   
Within the last six months

Are there any serious medical conditions    
Which will inhibit you from exercising?  
If yes please specify.....

Do you regularly participate in exercise classes?    
If yes please specify how  
many.....

Have you ever boxed or taken part    
In a any fitness classes ?

If yes please specify how long  
ago?.....

Users should be aware that the participation of lylezleisure fitness classes carry an element of risk and therefore take part at their own choice.  
I myself (Kevin Lyle) is committed to the health and safety of all my customers and I endeavour to ensure that any such risk is keep to a minimum.

Lyle Z Leisure cannot be held responsible for any problems related to undeclared medical conditions. I refer the right to defer studio use, pending supporting G.P approval If deemed necessary. LyleZleisure require you to advise me of any changes in your medical circumstances

Customers Signature.....Date.....

