



# Camp David

Group & Personal Training

## HEALTH QUESTIONNAIRE

<b>First Name:</b>	<b>Surname:</b>
<b>Address:</b>	
<b>City:</b>	<b>Post Code:</b>
<b>Phone:</b>	<b>Email:</b>
<b>Emergency Contact:</b>	<b>Emergency Contact Number:</b>

**Why have you come to CampDavid** - Please Tick Appropriate Box's

<input type="checkbox"/>	Need to lose weight	<input type="checkbox"/>	Need to look my best
<input type="checkbox"/>	Need to get fitter	<input type="checkbox"/>	Need more muscle tone
<input type="checkbox"/>	Need to improve my self confidence	<input type="checkbox"/>	Need to build muscle
<input type="checkbox"/>	Need to get stronger	<input type="checkbox"/>	Want to feel good about my body
<input type="checkbox"/>	Need more energy	<input type="checkbox"/>	Specific sporting goal
<input type="checkbox"/>	Specific event	<input type="checkbox"/>	Need a healthy eating plan

Need rehabilitation to (What part of your body)

\_\_\_\_\_

Any other important goals not listed \_\_\_\_\_

Why is it important to you to make these changes \_\_\_\_\_

When would you like to achieve these goals by \_\_\_\_\_

How will you feel when you achieve those goals \_\_\_\_\_

How many days a week can you train? \_\_\_\_\_

How much time can you spend on training each day? \_\_\_\_\_

What is the best time of day for you to train Mornings - Afternoons - Evenings

How would describe your discipline and will power? Circle which one suits you best

Self motivated                      Easier with a partner                      Need a push every now and then

Easier with constant support                      Will not keep it up unless I am pushed all the time

Do you have any medical conditions

If yes : \_\_\_\_\_

\_\_\_\_\_



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**Health history** - Please Tick Applicable

Have you ever had :

<input type="checkbox"/>	Heart attack	<input type="checkbox"/>	Heart surgery
<input type="checkbox"/>	A pacemaker	<input type="checkbox"/>	Heart failure
<input type="checkbox"/>	Heart valve disease	<input type="checkbox"/>	A Heart Transplant
<input type="checkbox"/>	Congenital heart disease	<input type="checkbox"/>	

Do you experience:

<input type="checkbox"/>	Chest Discomfort	<input type="checkbox"/>	Dizziness, fainting, blackouts
<input type="checkbox"/>	Breathlessness	<input type="checkbox"/>	

Are you :

<input type="checkbox"/>	Taking prescribed medication	<input type="checkbox"/>	Taking Heart medications
<input type="checkbox"/>	Pregnant	<input type="checkbox"/>	Trying to conceive

To check your cardiovascular risk please answer the following

Are you:

<input type="checkbox"/>	Male over 45 years	<input type="checkbox"/>	A smoker
<input type="checkbox"/>	Post menopausal	<input type="checkbox"/>	Have high Blood Pressure > 140/90
<input type="checkbox"/>	Take BP Medication	<input type="checkbox"/>	Have high cholesterol
<input type="checkbox"/>	History of family heart conditions	<input type="checkbox"/>	Diabetic
<input type="checkbox"/>	Physically inactive	<input type="checkbox"/>	Epileptic
<input type="checkbox"/>	Asthmatic	<input type="checkbox"/>	

Measurements to be done by David

Resting HR.	
Blood Pressure	
Sit & reach	
Waist	
Hips	
Upper Arm	
Thigh	
Calf	
Weight	



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## HEALTH QUESTIONNAIRE

Do you have any joint problems, aches and pains we can aim to improve?

Tell us about them? \_\_\_\_\_

Are you taking any medications, pills, tablets or supplements?

Tell us about them? \_\_\_\_\_

YES / NO Client is required to provide medical clearance to commence a physical activity program

How do you feel about current health? \_\_\_\_\_

How would you describe your diet? \_\_\_\_\_

What are some of your favourite foods? \_\_\_\_\_

Would you like help with you diet? \_\_\_\_\_

Do you have a dream outfit or special something you would like to wear again?

What are some sports or ways you like to exercise? \_\_\_\_\_

What don't you like doing ( running – Bike rides ) \_\_\_\_\_

What are you expecting from CampDavid? \_\_\_\_\_

### **Agreement of participating in Personal/Group Strength, Fitness and Conditioning training ( THIS IS A LEGAL DOCUMENT)**

The Trainer refers to David Hilyander & CampDavid

The Activity refers to the participation in strength, fitness, conditioning training and general physical & dietary advise.

- I acknowledge that it is a condition of participating in this activity that I do so at my own risk.
- I accept all risks and hereby indemnify and release the trainer and any other person or body directly and indirectly associated with the trainer against all liability (including all liability for their negligence and the negligence of others) claims, demands, and proceedings arising out of or connected with participation in this activity.
- This release and indemnity continues for ever and binds my heirs, successors executors, personal representatives and assigns.
- I acknowledge that participating in this activity may involve risk of serious injury or even death from various causes including: over exertion, dehydration, equipment failure and accidents with equipment and surroundings
- I am aware of the difficulties associated with the activity and attest I am physically fit to participate safely in the activity and that a qualified medical practitioner has not advised me otherwise.
- I understand the demanding physical nature of this activity. I am not aware of any medical condition, injury or impairment that will be detrimental to my health if I participate in this activity. In the event that I become aware of any medical condition, injury or impairment that may be detrimental to my health if I participate in this activity my trainer will be immediately informed. By continuing to participate in this activity, I accept this risks despite these conditions and am still, and will always be under the terms of this agreement.
- I certify that I am 18 years of older and have read this document and fully understand it, OR
- As a parent or guardian of the participant (a) I agree to the above for myself and on behalf of the participant and (b) I indemnify and will keep indemnified any person or body directly associated with the conduct of the activity on the terms referred to.

Full Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Full Name (Trainer) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_