Client Health & Fitness Readiness Form 2025

This form helps ensure your safety before starting or increasing physical activity. Most people can engage in exercise safely, but completing this form helps identify any conditions that may require medical guidance. All information is confidential and stored securely under GDPR.

GENERAL HEALTH SCREENING

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| --- | --- | --- |
| **Please read the 7 questions below carefully and answer each one honestly: check** **YES** or **No**. | **YES** | **NO** |
| 1. Has your doctor ever said that you have a heart condition **OR** high blood pressure? |  |  |
| 1. Do you feel pain in your chest at rest, during your daily activities of living, **OR** when you do physical activity? |  |  |
| 1. Do you lose balance because of dizziness **OR** have you lost consciousness in the last 12 months?   Please answer **NO** if your dizziness was associated with over-breathing (including during vigorous exercise). |  |  |
| 1. Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)? **PLEASE LIST CONDITION(S) HERE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 1. Are you currently taking prescribed medications for a chronic medical condition? PLEASE LIST CONDITION(S) AND MEDICATIONS HERE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 1. Do you currently have (or have had within the past 12 months) a bone, joint, or soft tissue (muscle, ligament, or tendon) problem that could be made worse by becoming more physically active? Please answer **NO** if you had a problem in the past, but it does not limit your current ability to be physically active.   PLEASE LIST CONDITION(S) HERE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 1. Has your doctor ever said that you should only do medically supervised physical activity? |  |  |

If you answered **NO** to all the questions above, you are cleared for physical activity.

Please sign the PARTICIPANT DECLARATION. You do not need to complete SECTION B.

* Start becoming much more physically active – start slowly and build up gradually.
* If you are over the age of 45 yr and NOT accustomed to regular vigorous to maximal effort exercise, discuss with Final Bell Ltd before engaging in this intensity of exercise.
* If you have any further questions, contact Final Bell at [hello@finalbell.co.uk](mailto:hello@finalbell.co.uk)

SECTION B – MEDICAL & INJURY DETAILS

If you answered 'Yes' to any question above, please provide further details below to help us tailor your training safely.

Medical condition(s):

Medication(s):

Injury or mobility concern(s):

**SECTION C - DECLARATION & CONSENT**

I confirm that the information provided above is complete and accurate to the best of my knowledge. I understand that I should consult my GP before undertaking exercise if any concerns arise. I consent to participate in physical activity sessions with Final Bell Ltd and understand that all reasonable steps are taken to ensure my safety.

NAME

DATE

SIGNATURE



WITNESS

SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER



**DISCLAIMER**

This form does not replace professional medical advice. If you are unsure about your health or any medical condition, please consult your GP before participating in physical activity. Final Bell Ltd accepts no liability for health issues arising from undisclosed conditions.