



Health History Questionnaire

Please ensure you complete all of the questions on the Health History below and bring it with you to your first class. Please arrive 20minutes before the start of the class so that an instructor can check through your questionnaire and explain how our classes work. *Please note: You CANNOT start the class without having your Health History completed and signed.*

All information contained on this form is kept in the Strictest of Confidence and will not be disclosed or any third parties / non BRB Military Workout staff unless you advise us that it is OK to do so.

Personal Information:

Name: _____

Address: _____

email: _____

Contact Number: _____

Emergency Contact: _____

Emergency Contact Number: _____

Emergency Contact Address (If different from above): _____

How did you hear about us? _____

Date of Birth: _____

Gender: Male / Female

Occupation: _____

Height: _____ Weight: _____

Do you consider yourself: (tick as appropriate)

Sedentary Mildly Active Moderately Active Highly Active

If active what form of activity/exercise do you currently do? _____



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Fitness with Strength, Courage and Fun

Health Questionnaire:

Please check the boxes to any of the conditions you have or have experienced in the past...

<input type="checkbox"/>	Heart Problems	<input type="checkbox"/>	Anaemia
<input type="checkbox"/>	Breathing Problems including Asthma	<input type="checkbox"/>	Migraine or Re-occurring headaches
<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	Swollen, stiff or Painful Joints
<input type="checkbox"/>	Low Blood Pressure	<input type="checkbox"/>	Pregnant or a possibility that you are pregnant
<input type="checkbox"/>	Chest Discomfort / chest pain when exercising	<input type="checkbox"/>	Surgery in last 2 years
<input type="checkbox"/>	Rapid Heart beat / palpitations	<input type="checkbox"/>	Lower back, neck or spinal issues
<input type="checkbox"/>	Diabetes or similar diseases	<input type="checkbox"/>	Cancer – other than skin
<input type="checkbox"/>	Epilepsy / Seizures	<input type="checkbox"/>	Dizzy spells / fainting
<input type="checkbox"/>	PTSD, Anxiety, Panic Attacks, Depression	<input type="checkbox"/>	Raised / High Cholesterol

If you checked any of the boxes please give details below...

Do you currently smoke? Yes /No _____ Ammount / day _____

Average Units of Alcohol per week _____

Are you currently taking any medication (including inhailers etc.)? _____

Are you allergic to anything? Please give details: _____



Skeletal Injuries

Back _____

Neck _____

Head _____

Knee(R, L) _____

Shoulder(R, L) _____

Other injuries: _____

Surgery: _____

Please describe any special considerations or how your injury currently affects your ability to function/ exercise:

Do you have any other injuries or illness which we should be made aware of, or know of any reason which may prevent you from carrying out exercises in this class? _____

Please consult with your doctor by phone or in person before you start any new training program or have a fitness assessment. Tell your doctor about your health questionnaire and which questions you answered yes and take along this form with you. After medical evaluation, seek advice from your doctor as to suitability for physical exercise.

Instructor Recommendations:

Signature: _____



Assumption of risk

In participation in the classes of BRB Military Workout Ltd and to use the facilities and equipment owned or rented by BRB Military Workout Ltd, I hereby waive any responsibility or liability and forever discharge BRB Military Workout Ltd from any and all responsibility, or liability for injuries or damages as a result from my participation in any activities or exercise with BRB Military Workout Ltd.

I hereby state that I have read, understood and answered honestly the questions contained within the Health History Questionnaire. I also state that I wish to participate in activities that will include anaerobic, aerobic and resistance training. I realise that my participation in these activities involves risk of injury. Furthermore, I hereby confirm that I am voluntarily engaging in such exercise and activity with BRB Military Workout Ltd.

I fully understand that I may stop an activity or exercise at any time during the course of the activity or exercise, and that I may seek advice or assistance from BRB Military Workout Ltd staff at any time. If I chose not to take advice given to me at any time during the activities or exercise class with BRB Military Workout Ltd, I do so voluntarily and accept all liability for any injuries or damage caused.

I declare that I am physically fit and free from any medical condition which prevents me from participation in the activities or exercise instructed by BRB Military Workout Ltd.

Clients Name: _____

Instructors Name: _____

Clients Signature: _____

Instructors Signature: _____

Date: _____

Date: _____



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Fitness Goals

Please check / describe specific goals and rate their importance.

- | | | |
|--|--|---|
| <input type="checkbox"/> Improve strength | <input type="checkbox"/> Increase energy | <input type="checkbox"/> Improve flexibility |
| <input type="checkbox"/> Improve cardiovascular | <input type="checkbox"/> Improve muscle | <input type="checkbox"/> Lose body weight / fat |
| <input type="checkbox"/> Rehabilitate injury | <input type="checkbox"/> Injury prevention | <input type="checkbox"/> Reduce stress |
| <input type="checkbox"/> Stop smoking / drinking | | |

Additional goals (list)/ Do you have any events / specific goals you would like to achieve? i.e. run 5K without stopping/walking, Complete Tough Mudder, Do 10pull-ups...

Let us know and we can assist you in achieving those goals.