

Delegate Name:

Date of workshop:

Venue:

- a) Are you pregnant? Yes/No
- b) Is there heart disease in your family? Yes/No
- c) Do you smoke cigarettes? Yes/No
- d) Are you on medication? Yes/No
- e) Are you easily out of breath? Yes/No
- f) Do you suffer from joint problems/arthritis? Yes/No
- g) Do you suffer from diabetes? Yes/No
- h) Are you 40+ with little recent exercise activity? Yes/No
- g) Are there any other health issues the trainers should know about? Yes/No
(Please provide details of any existing injuries below)

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I certify that I am fit to participate in the physical aspects of this course.

Signature:

**PLEASE HAND TO THE TRAINERS
ON COMMENCEMENT OF THE
COURSE.**