

Jane Mackenzie's Health and Fitness – Health Screening Form

Class attending (date and time) _____

Name _____

Date of Birth _____ Telephone _____

Email address _____

Emergency contact name and telephone _____

Health Conditions - Please tick all current and past health conditions.

If you have any of these conditions, you may be required to contact your GP before undertaking classes:

<input type="checkbox"/> Heart condition	<input type="checkbox"/> <u>High</u> <input type="checkbox"/> <u>low</u> blood pressure	<input type="checkbox"/> High cholesterol
<input type="checkbox"/> Chest pain during exertion	<input type="checkbox"/> Dizziness or fainting	<input type="checkbox"/> Bone, joint or muscular problems
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Diabetes type <u>1</u> or <u>2</u>	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Asthma	<input type="checkbox"/> <u>Vision</u> or <u>hearing</u> problems	<input type="checkbox"/> Pregnant within last 6 months
<input type="checkbox"/> I have been advised against taking exercise classes	<u>or</u> <input type="checkbox"/> I HAVE NO HEALTH CONDITIONS	

Please provide details of the above, and also list any other medical conditions you may have (continue on back):

Email - May we send you up-to-date information about class timetables, offers, news and advice via email?
We will not pass on your email address to third parties, and you can opt out at any time..... Yes | No

Photography - Do you give permission to be included in any group photographs/video clips that may be taken for class promotion? You will be informed beforehand, and you can opt out at any time. Yes | No

How did you find out about my classes? _____

Declaration

- I have read and completed this form in its entirety, and have answered all questions accurately. I understand that I am responsible for monitoring myself throughout group or online exercise classes, and take full responsibility for my own actions. I will inform my instructor if any symptoms or changes occur.
- I confirm that I will NOT attend group classes if I am experiencing Covid-19 symptoms, or if I have been in contact with anyone who has tested positive for Coronavirus.
- I have read and agree to your Terms and Conditions and Privacy Statement. I give my consent to you storing my personal data according to current data protection law.

Signature _____ Date _____

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