

Pre-exercise screening form

Name:

EMERGENCY DETAILS

Contact 1 name:

Tel:

GP:

Tel:

Midwife:

Tel:

Hospital:

Tel:

PREGNANCY HISTORY

Due date:

1. Is this your first pregnancy? Yes/No (if Yes, please go to question 7)
2. Previous pregnancy date/s Type of delivery
3. Have you ever suffered a miscarriage? Yes/No
4. If Yes, provide details
5. Have you a history of previous complications during pregnancy? Yes/No
6. If Yes, provide details
7. During this pregnancy have you experienced any of the following:

(please tick and provide details)

- | | |
|--|--|
| <input type="checkbox"/> Vaginal bleeding or fluid loss | <input type="checkbox"/> Uterine contractions |
| <input type="checkbox"/> Deep back or pubic pain | <input type="checkbox"/> Lower abdominal pain or cramping |
| <input type="checkbox"/> Difficulty walking | <input type="checkbox"/> Headache, dizziness or faintness |
| <input type="checkbox"/> Palpitations or unusually slow heart beat | <input type="checkbox"/> Unusual breathlessness |
| <input type="checkbox"/> Sudden swelling in hands, feet, or face | <input type="checkbox"/> Feeling extremely fatigued or hot |
| <input type="checkbox"/> Noticeable change in baby's movements | |

Details:
.....

INFORMED CONSENT AND DISCLAIMER

I, the undersigned acknowledge that in normal circumstances exercise should not harm my baby or I in any way. I shall inform my fitness professional of any medical or pregnancy related changes prior to commencing any training session and that GABRIELLA HERING will not be liable in any way for any unforeseen circumstances or for any circumstances of which I should have been aware, but failed to notify them. I give permission to staff of GABRIELLA HERING to contact any of the emergency contact numbers set out above should the need arise. I have read the above statement and agree to be bound by it and to release GABRIELLA HERING from all claims.

Signature:

Date: