

**EASTBOURNE PERSONAL TRAINING**  
**JAMES MONK REPS LEVEL 3 PERSONAL TRAINER**  
**Pre Exercise Screening**

**PERSONAL DETAILS**

Name: ..... Age: ..... DOB: ...../...../..... M / F  
Address: .....  
Phone Home: ..... Mobile: ..... Email:.....  
Emergency Contact Person:..... Phone:.....  
How did you find out about Eastbourne Personal Training and James Monk - Personal Trainer?.....

**1/ Do you have, or have you had:**

- ☐ heart disease (please specify): .....
- ☐ high blood pressure    ☐ high cholesterol
- ☐ diabetes
- ☐ lung disorder (eg. asthma, emphysema) .....
- ☐ other cardiac problem (incl. pacemaker,): .....
- ☐ no/ or none of the above.

**2/ Have you ever been told you are at risk of:**

- ☐ heart disease    ☐ high blood pressure
- ☐ high cholesterol    ☐ diabetes    ☐ stroke
- ☐ no/ or none of the above.

**3/ Have you ever been told that you have heart problems, eg.:**

- ☐ heart murmur    ☐ valve defect
- ☐ racing heart    ☐ irregular beats
- ☐ angina
- ☐ other: .....
- ☐ no/ or none of the above.

**4/ Do you have, or have you experienced:**

- ☐ epilepsy    ☐ fainting    ☐ seizures
- ☐ dizzy spells    ☐ convulsions
- ☐ no/ or none of the above.

**5/ Do you experience sudden shortness of breath?**

- ☐ Yes    ☐ No

**6/ Have you ever had pain or pressure, either at rest or during exercise:**

- ☐ in the middle of, or on the left side of, the chest,
- ☐ in the neck region,
- ☐ at the left shoulder or down the left arm.
- ☐ no/ or none of the above.

**7/ Do you take any medications for (please name):**

- ☐ heart disease: .....
- ☐ diabetes:.....
- ☐ cholesterol:.....
- ☐ blood pressure:.....
- ☐ asthma, breathing problems: .....
- ☐ no/ or none of the above.

**8/ Are you aged over 60 years of age:**

- ☐ Yes    ☐ No

**9/ Do you have any joint or muscular problems that may affect your ability to train:**

- ☐ Yes    ☐ No

If yes, please explain: .....

**10/ Do you have any other conditions or injuries that may affect your ability to train:**

- ☐ Yes    ☐ No

**11/ Has your doctor advised you of any reason why you should not exercise at a gym:**

- ☐ Yes ..... ☐ No .....

You are indicating that to the best of knowledge there is no reason why you should not undertake exercise training at a Fitness Gym and any Personal Training recommended by James Monk. You agree to release and discharge any gym, its staff and directors and James Monk from any and all responsibilities or liabilities from injury or illness arising from your participation in any activity undertaken or upon the advice of James Monk REPS Level 3 personal trainer.

Signatures: Client: .....

James Monk : .....

Date: .....