

IQ. Knowledge. EQ. Experience. Integrity. Trust. Teamwork.

Full Name: _____ Company/Organisation: _____
 NRIC No: _____ Department: _____
 Personal Email Address: _____ Designation: _____
 Mobile Number: _____
 Address: _____

In case of emergency, please contact:
 Name: _____
 Mobile Number: _____
 Email Address (If you know): _____

SECTION A: Please read each question CAREFULLY and answer every question honestly (circle your response):

1) I AM between 12 and 62 years old	TRUE	FALSE
2) I have NEVER had a heart attack or stroke	TRUE	FALSE
3) I am NOT pregnant (For Females only)	TRUE	FALSE

If you honestly answered 'TRUE' to all questions in Section A, please complete Section B to evaluate if you are physically fit to participate in the fitness programme.

If you answered 'FALSE' to any of the questions in Section A, **you are not allowed to participate in any workouts.**

SECTION B:

Regular exercise is associated with many health benefits. Increasing physical activity is safe for most people. However, some individuals should check with their doctor before they become more physically active. Completion of this questionnaire is a first step when planning to increase the amount of physical activity in your life.

If you honestly answered 'NO' to all questions you can be reasonably certain you can safely increase your level of physical activity **gradually**.

If you answer 'YES' to any of the questions below, it is highly recommended to be evaluated by your doctor whether you are fit to participate in the fitness programme conducted by Team Fitness Guru (TFG).

Please read each question carefully and answer every question honestly (circle your response):

4) Has anyone in your immediate family died from a heart condition or from sudden death before the age of 50?	Yes	No
5) Has your doctor ever diagnosed you with the following conditions and indicated you should restrict your physical activity? <ul style="list-style-type: none"> • Cardiovascular disease e.g. cardiac, peripheral vascular or cerebrovascular disease • Pulmonary disease e.g. chronic obstructive pulmonary disease, asthma, interstitial lung disease or cystic fibrosis • Metabolic disease e.g. diabetes mellitus (type I or II), high cholesterol, thyroid disorders, renal or liver disease 	Yes	No

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6) Do you feel pain in your chest when you do physical activity?	Yes	No
7) In the past 1 year, have you had chest pain when you were NOT engaging in physical activity?	Yes	No
8) Do you ever faint or get dizzy and lose your balance?	Yes	No
9) Do you have an injury or orthopaedic condition (such as a back, hip, or knee problem) that may worsen due to a change in your physical activity?	Yes	No
10) Do you have high blood pressure or a heart condition in which a doctor is currently prescribing a medication?	Yes	No
11) Are you a current smoker?	Yes	No
12) Do you know of any other reason you should not exercise or increase your physical activity?	Yes	No

The use of the fitness training services naturally involves the risk of injury or death to you whether you or someone else cause it.

I fully understand that the activities may be strenuous and choose to participate completely voluntarily. I understand that I can modify the intensity and type of exercises to my comfort level. I accept all responsibility for my health and any resultant injury or mishap that may affect my life, well-being or health in any way. I have read, understood and completed this questionnaire. I will indemnify Team Fitness Guru (TFG, Fitness Guru Private Limited) (including their directors, managers, employees, trainers or servants) from any loss or claims against TFG from my participation in the fitness programme. Media Release: I allow photos and videos of myself taken before/during/after the activities to be used by Fitness Guru Private Limited.

Participant's signature:

Date:

FOR PARTICIPANTS BELOW THE AGE OF 21 YEARS

Name and signature of parent or guardian:

Date:

Relationship to participant:

Signature of witness:

Questionnaire adapted from the American College of Sports Medicine Risk Classification Form and the Par-Q by the Canadian Society for Exercise Physiology