

Medical Screening Questionnaire

Name: Date:

Address:

..... Postcode

Mobile number:..... Email address:

Please state delivery date (if within the last 12 months):

Please state type of delivery:

Emergency contact details. Name:

Tel no. (home): Tel no. (work): Mobile:

YES NO Has your doctor ever said that you have a heart condition?

If YES, please give details:

.....

YES NO Do you feel pain in your chest when you do any physical activity?

YES NO In the past month, have you had chest pain when you were NOT doing physical activity?

YES NO Do you lose your balance because of dizziness or do you ever lose consciousness?

YES NO Do you have a back, pelvic or other joint problem that could be made worse by a change in your physical activity ?

If YES, please give details:

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YES NO Do you suffer from raised blood pressure?

If YES is this pregnancy related and how is it being treated?

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YES NO Do you suffer from diabetes?

If YES, is it pregnancy related and how is it being treated?

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YES NO Do you suffer from asthma?

If YES, how do you control it?

.....

YES NO Do you know of any other reason that could affect your participation in exercise?

If YES, please give details:

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YES NO Are you a regular exerciser?

If YES, please give details:

.....

YES NO Do you do/intend to do any other exercise in addition to this programme?

If YES please give details:

.....

YES NO Have you had your post natal check up?

YES NO Was everything satisfactory in your post natal check up?

If NO, please give details:.....

.....

Signed: Printed name: Date:

Informed Consent

A mixed indoor and outdoor group fitness programme has been designed for you, taking into account your post natal health and activity levels. It involves a gentle outdoor warm up, as well as core stability and postural work, and resistance training, to improve your abdominal strength, posture and core stability.

All activities will be explained and demonstrated where necessary. Please feel free to ask questions about any part of the programme. Any exercise programme carries with it an element of risk. This programme is designed in such a way as to minimise the risk whilst conveying maximum training benefit to assist you in achieving your goals.

Please inform me if for any reason you should not participate in a particular exercise, or of any injury that you have which may be aggravated by exercise. If at any time during BounceBack you feel undue pain or excessive discomfort, you should stop the exercise and inform me.

I agree to take part in BounceBack and I understand that the programme will change and progress over the 10 weeks. The nature, purpose, risks and benefits have been explained to me.

I warrant that I have made a full and correct disclosure of my health status on the Medical Screening Questionnaire, that my status has not changed since the aforementioned disclosure and that I am not aware of any adverse medical condition in myself which Zest4lifeUK would expect me to reveal.

I understand that Zest4lifeUK does not bear any liability for personal injury however caused to any persons, including but not limited to myself as a result of my participation in this programme. Zest4lifeUK recognises that liability as a result of negligence cannot be excluded.

Participant s signature: **Date:**

Printed name:

Witness signature:..... **Date:**

Printed name: