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**Health Screening and Consent Form**

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| **Name** |  | **Email Address** |  |
| **Address** |  | **GP Name / Surgery Address** |  |
| **Mobile No** |  | **Date of Birth** |  |
| **Home No** |  | **Occupation** |  |
| **Emergency**  **contact and number** |  | **Relationship to you** |  |
| **Due date?** |  | **Number of other children?** |  |
| **Any previous miscarriages?** |  | **Do you have pelvic girdle pain? (SPD)** |  |

The following information is to ensure the exercise is as safe and appropriate for you as possible. Please read the questions carefully and answer each one honestly. (All answers will be treated with the strictest of confidence).

Please put an “X” in the appropriate column. If you answer “Yes” to any question, please give details. **IMPORTANT –** If you answer YES to any of the following questions below, you must consult your GP before attending the class.

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| --- | --- | --- |
|  | **YES** | **NO** |
| Do you have or have you ever had a known heart condition e.g. previous heart attack, stroke, abnormal ECG, palpitations, murmurs? |  |  |
| Is there a history of heart conditions in your family? |  |  |
| Do you ever feel pain in your chest when you exercise or do physical activity? |  |  |
| Do you often feel faint or have spells of dizziness or lose consciousness? |  |  |
| Do you have, or have you ever had a bone or joint condition that could be made worse by exercise or that could prevent you from exercising? |  |  |
| Do you have high blood pressure? If yes, is this pregnancy related and how is it being treated? |  |  |
| Do you have any other medical conditions not mentioned (e.g. Asthma, Diabetes, Arthritis, Gout, Epilepsy, Hernia, Dizziness, Circulation problems, Ulcer)?  If yes, please provide details here: |  |  |
| Are you currently taking any prescribed medication? If yes, please give details. |  |  |
| Do you know of any other condition that might be reason for you not to exercise? |  |  |
| Do you have an injury or illness that could be made worse by exercise? If YES, please give details: |  |  |

**Further Information** *Please enter below any additional information you think the instructor should be made aware of.*

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**Informed Consent**

I confirm that I have completed the above questionnaire to the best of my ability and that I have provided accurate information regarding my current health status. I take it upon myself to discuss any changes in my health with the instructor. I am voluntarily participating in the activities of Mammas Fitness classes and will immediately discontinue any activity if I feel any symptoms of distress or discomfort, and will notify my instructor. I take part at my own risk and I waive any legal recourse for damages to myself, my child or property arising from my participation. I understand that I am free to withdraw at any time but that no refund will be issued. The information obtained by the instructor will be treated as privileged and confidential.

I further understand and acknowledge that the instructors of Mammas Fitness are not Health or Medical Practitioners and therefore cannot diagnose or treat individual health or medical problems. All such questions and concerns should be directed to my General Practitioner.

Client's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Photo Consent**

We would be grateful if you would fill in this form to give us permission to take photos of you and use these in our printed and online publicity.

I give Mammas Fitness permission to take photographs and / or video of me during classes. I grant  
full rights to use the images resulting from the photography/video filming, and any reproductions or adaptations of the images for fundraising, publicity or other purposes to promote Mammas Fitness. This might include (but is not limited to), the right to use them in their printed and online publicity, social media and press releases.

Client’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Consent**

We would like to use your Personal Data to keep you up to date with the latest news and offers from Mammas Fitness and our partners by email. We would also like to keep in touch using your mobile telephone number via WhatsApp for your particular class.

We would like to reassure you that we do not share your personal information with any 3rd party organisations for marketing purposes and you have the right to ask us to update, correct or delete your personal data at any time.

To read our Privacy Policy in full, please visit www.mammasfitness.com.

Yes please I would like to receive information via email

Yes please I would like to receive information via mobile telephone

No thank you