

Health Guru Health Evaluation

Name: _____
Address: _____
Suburb: _____ Post Code: _____
Tel: (H): _____ (W): _____ (M): _____
Email: _____
Date of Birth: __ / __ / __ Sex: Male Female
Occupation: _____
Were you referred to this program by a Medical Doctor? Yes No
Name of your Doctor: _____ Tel: _____
Last Date you saw a Doctor: __ / __ / __
Are you currently Pregnant? No Yes How many weeks? _____
I would rate my Fitness Level as a: _____ (1-10), ten being high

Health Questionnaire

Please read the questions carefully and answer each one honestly: check YES or NO

Yes No

1. Has your Doctor ever said you have a Heart Condition and that you should only do physical activity recommended by a doctor?
2. Do you feel pain in your chest when you do physical activity?
3. In the past month, have you had chest pain when you were not doing physical activity?
4. Do you lose your balance because of dizziness or do you ever lose consciousness?
5. Do you have a bone or joint problem (such as arthritis) that could be made worse by a change in your physical activity?
6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
7. Do you know of any other reason why you should not do physical activity?

Do you have any of the following:

- Asthma Epilepsy Nosebleeds Diabetes Back Problems
 Muscle Problems Other? _____

Have you had any injury, illness or surgery in the last 12 months? Yes No
If yes, please give details _____

Exercise History:

Please list any exercise you have done in the last 6 months:

What do you enjoy doing: _____

Health and Fitness Goals:

- Lose weight, if so how much? 1-3 kg 4-10 kg more than 10 kg
 Muscle Toning More Stamina and endurance More strength
 Fat Loss Flexibility Improvement Stress Release
 Other _____

Which body parts would you like to focus on?

- Abdominals Buttocks Thighs Chest Back
 Arms Shoulders

Lifestyle Profile:

Do you smoke? No Yes If yes, how many per day? _____
Do you drink alcohol? No Yes If yes, how many glasses a week? _____
How many glasses of water do you drink a day? _____

Release

1. I hereby agree that Health Guru International P/L, it's Directors or nominated agent shall not be liable for any loss, damage or personal injury or death suffered by me, whether directly or indirectly arising out of any act of omission by Health Guru International P/L, its Directors or its agent.

2. I am aware of the possibility of health and safety risks associated with participating in physical exercise and consent to any reasonable exercise which may from time to time be strenuous.

3. I have made Health Guru International P/L, it's Directors or it's agent aware of any relevant medical or health problems that I am currently or likely to suffer from and have obtained a clearance from a registered medical practitioner to participate in physical exercise (applies to males over the age of 35 years and females over the age of 45).

4. I acknowledge sole responsibility for any personal equipment. I consent to receive medical treatment, which may be deemed necessary in the event of injury, accident or illness. (If you are under 18 years of age, a signed consent of your legal guardian must be obtained.)

5. Videography and photography may be taken at various camp locations which may appear on TV, Web video, print or any other digital format. When possible, participants will be told in advance of the days in which any photography or videography will be done. "Before and after" photos will not be used for any promotional purposes unless written authorisation is given.

Signed: _____ Date: _____

Health Guru: _____ Date: _____

