



MOVIDA ZUMBA  
**HEALTH QUESTIONNAIRE**



NAME \_\_\_\_\_

Have you ever or do you have?	YES	NO
Heart Condition		
Heart Murmur		
Palpitations or chest pains		
Dizziness or fainting		
Joint pain		
Are you on any prescribed medication for example, water pills, for blood pressure or heart condition.		
High blood pressure		
Are you pregnant or given birth in the last six weeks		
Do you know of any other reason why you should not do any physical activity?		
If answering yes please give details		
Emergency contact person – Name		
Emergency Contact person – Number		

- If you answered YES to one or more questions please talk with your doctor by phone or in person BEFORE you start becoming more physically active. Tell your doctor about this health questionnaire and to which questions you answered YES.
- You may be able to do any activity you want – as long as you start slowly and build up gradually. Or you may need to restrict your activities to those which are safe for you. Talk with your GP about the kinds of activities you wish to participate in and follow their advice.
- If you answered NO honestly to all the health questions, you can be reasonably sure that you can start becoming much more physically active – begin slowly and build up gradually. This is the safest and easiest way to go.

If you are not feeling well because of a temporary illness such as a cold or a fever – wait until you feel better. If you are or may be pregnant – talk to your doctor before you start becoming more active.

Note: If your health changes so that you answer YES to any of the above questions – tell us!

Disclaimer -

I have been informed both verbally and in writing that if I answer YES to any of the above questions, I should seek medical advice/approval before commencing an exercise session. If I wish to continue without such advice I do so at my own risk. I confirm that I have read, fully understood and answered the above questions honestly. I understand that the instructor cannot be held responsible for any injuries or ill health of any kind arising following the attendance of this session. I have seen the terms of the class

Print Name: .....

Signature: .....

Date: .....

Contact Number: .....

E-Mail Address: .....