


SAFE TO EXERCISE FORM
Tick the class you are attending

<input checked="" type="checkbox"/> Monday	<input checked="" type="checkbox"/> Tuesday	
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Please answer the following questions in order that you exercise safely. All information will be treated confidentially

1 Personal details:

Your Name Date of Birth

Address.....

..... Post code.....

Preferred Tel No..... Email:

2. Medical history:

Do you suffer from any of the following conditions?

- | | | |
|---|--|--|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Hip replacement | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Asthma or breathing problems | <input type="checkbox"/> Heart problems/angina | <input type="checkbox"/> Parkinson's |
| <input type="checkbox"/> Back problems | <input type="checkbox"/> High/low blood pressure | <input type="checkbox"/> Peripheral neuropathy |
| <input type="checkbox"/> Balance difficulties | <input type="checkbox"/> Impaired hearing | <input type="checkbox"/> Shoulder problems |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Impaired vision | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Dizziness/fainting | <input type="checkbox"/> Knee replacement | |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> MS | |

Have you had COVID 19? Yes No Were you hospitalised? Date.....

Have you been given the 'all clear' to return to class? Yes No

Do you have to take any special precautions or have you been given any special instructions?

.....

Is there any other medical condition or anything else that might affect how you exercise?

.....

Is your doctor prescribing drugs for any of your health related problems?

.....

What other regular exercise do you take?.....

3. Emergency contacts:

Person to contact in the event of an emergency:.....

Relationship to you: Tel No.....

Name, address & telephone number of your doctor.....

..... Tel No.....


PLEASE TURN OVER AND COMPLETE THE OTHER SIDE

YOUR Signature..... Date.....

Date of review:

Date of deletion:

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Please answer the following questions in order that you exercise safely. All information will be treated confidentially

The responsibility lies with you to decide whether you wish to join or continue with a class

If you are in any doubt about your fitness then you should seek medical advice before taking part in the class. A signed letter from a medical practitioner may be required.

Your teacher is not a medical practitioner and cannot advise whether any condition could be adversely affected by attending this class. Neither your teacher or the organisations she is affiliated to is responsible for assessing or interpreting the medical information given.

- I recognise that my body's reaction to physical activity is not totally predictable.
- I accept full responsibility for my participation in the class.
- I agree to tell my teacher of any changes in my condition or medication.
- I accept that I am entirely responsible for monitoring my own exercise and condition.
- I have read, understood and completed the questionnaire and any questions I had were answered to my full satisfaction. The information supplied above is the true to the best of my knowledge

If you are in any doubt about increasing your physical activity please consult your doctor or health professional.

Under GDPR you are required to give permission for me to hold onto your personal data.

- I have read and agree to my information being held according to the Privacy Policy.
- I understand that this information will be kept for 5 years after I cease attending class.
- I give my permission for Tracy Levy to contact me for 5 years after I stop attending class with any news or events that I might be interested in such as special celebrations, parties, reunions etc.

You can ask to see the data I hold about you, ask me to delete your data or withdraw your consent at any time

*You can ask to see the data I hold about you, ask me to delete your data or withdraw your consent at any time.
You can contact me on 07949 055958 or exercisewithtracy@gmail.com.*

YOUR Signature.....

Date.....

Date of review:

Date of deletion: September 2025