

Please complete, **print** & sign this form before returning it via:  
email: [info@originalfitnessco.com](mailto:info@originalfitnessco.com) or fax: 02 406 8910  
OR  
Hand the completed form to your trainer before commencing  
your first session.

Welcome to the OFC team!



## Pre Exercise Questionnaire - Abu Dhabi

### Personal Information

Name	<input type="text"/>	Company	<input type="text"/>
Address	<input type="text"/>	Occupation	<input type="text"/>
Emirate	<input type="text"/>		
Po Box	<input type="text"/>	Height	<input type="text"/>
		Weight	<input type="text"/>
		Age	<input type="text"/>
Email	<input type="text"/>	<input type="radio"/> Male	<input type="radio"/> Female
Mobile	<input type="text"/>	Telephone	<input type="text"/>
		Fax	<input type="text"/>

### Your Goals

1. Please provide details on what you hope to achieve from your Fitness Programme:

- to reduce body fat.
- to gain muscular strength, endurance and definition.
- to tone up and improve body image.
- to improve health.
- to improve aerobic capacity and cardiovascular output.

Please mention any goals that might apply ...

2. To help us to help you, and keep you up to date with news, information, and support ....

- Please tick here to receive our monthly newsletter
- Considering massage as part of your new fitness regime? Just tick here
- Tick here if you require specific injury rehabilitation



## Current Exercise Habits

To help us tailor an exercise programme to your specific needs, please answer the following questions:

1. Do you enjoy or participate in sports?  Yes  No

If yes, what sports do you participate in?

2. Have you been exercising regularly (ie. more than twice a week)  Yes  No

If you answered yes, please give details:

a: Type of exercise

b: Frequency of exercise (times per week/ for how long)

c: Perceived intensity when exercising  Hard  Medium  Light  Very Light

Do you have any negative feelings or have any bad experiences with training programs? ... please explain briefly if this is the case.

## Medical History

Please answer the following health-related questions for us to better understand your medical history. Simply indicate yes or no to all the questions below.

Are you on prescribed medication?  Yes  No

Do you have any infections or infectious diseases?  Yes  No

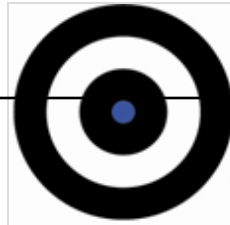
Do you currently receive any Physiotherapy or Chiropractic treatment?  Yes  No

Are you pregnant?  Yes  No

Have you been hospitalised recently?  Yes  No

Are you a smoker?  Yes  No

Do you have any allergies?  Yes  No



**Original  
Fitness Co.**

**Please answer the following health-related questions for us to better understand your medical history. Simply indicate yes or no for all the questions below.**

**Have you ever had or do you have :**

Any cardiac problems like:

Heart Disease  Yes  No

Angina  Yes  No

Stroke  Yes  No

Poor Circulation  Yes  No

High Blood Pressure  Yes  No

Other

Any respiratory problems like:

Pneumonia  Yes  No

Bronchitis  Yes  No

Asthma  Yes  No

Emphysema  Yes  No

Allergies  Yes  No

Other

Yes  No

Any other health ailments like:

Gout  Yes  No

Epilepsy  Yes  No

High Cholesterol  Yes  No

Diabetes  Yes  No

Ulcer  Yes  No

Chronic Fatigue  Yes  No

Headaches/Migraines  Yes  No

Dizziness or fainting  Yes  No

Liver/kidney issues  Yes  No

Any other Physical ailments like:

Arthritis  Yes  No

Cramping  Yes  No

Hernia  Yes  No

Pain or injuries in:

Neck  Yes  No

Ankles  Yes  No

Hip  Yes  No

Knees  Yes  No

Back  Yes  No

Shoulders  Yes  No

Wrists  Yes  No

**Are there any other conditions that we need to know before commencement of your program? If you ticked yes to any of the above, please give details of conditions, any medications prescribed and the approximate date of clearance by a registered Doctor.**



**Please read the following carefully and sign the below mentioned on approval.**

Cancellations of Standard Personal Training (PT) should be made 24 hours prior to the appointment time to avoid being charged the full fee. VIP Personal Training clients (VIP-PT) need to ensure cancellations are made 6 hours prior to appointment time to avoid any penalty.

All PT packs (including 10 packs) must have their sessions completed 8 weeks from purchase date. Any remaining sessions will be forfeited.

No refunds will be given on Personal Training, Group Fitness, Corporate Fitness or Boot Camp Fitness courses that have been paid in advance.

Original Fitness Co. must be notified of any health irregularities. In some cases, a client may be required to undergo a medical examination.

**Disclaimer**

Whilst every effort is made to ensure your welfare in all the programs Original Fitness Co. offers, as with all things, there are chances of injury. The client undertakes any fitness or exercise program at his/her sole risk and that Original Fitness Co. shall not be held liable for any claim whatsoever arising out of or connected with any services provided by the later.

Notwithstanding the medical or physical conditions of each user, no responsibility or liability is accepted and all responsibility and liability is hereby disclaimed for any loss or damage suffered by any person as a result of the use or misuse of any of the information or content provided by Original Fitness Co.

Whilst on the premises, Original Fitness Co. takes no responsibility for loss of property and it shall be on the client's own risk.

By signing this, I do hereby agree to the above terms and conditions.

Client Name

Signature

Date