



FIT FORCE

Fitness • Nutrition

Train Hard, Eat Smart



PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

Client health screening form

Please complete this form before taking part in a Fit Force boot camp or exercise session. Answer every question honestly. This form helps identify health issues that may need further discussion; it is not a diagnosis or a substitute for medical advice. If you are unsure how to answer, please contact Fit Force before exercising.

1. CLIENT DETAILS

Full name	Date of birth
Email address	Telephone number
Emergency contact name	Emergency contact telephone
Boot camp session preferred days/times	Preferred name (if different)

2. HEALTH SCREENING

For each question, select Yes or No. If you answer Yes, please provide details in the space provided.

Question	Yes	No
1. Has a doctor or other healthcare professional ever told you that you have a heart condition or high blood pressure?	☐	☐
2. Do you ever experience chest pain or tightness during physical activity or at rest?	☐	☐
3. Have you experienced dizziness, fainting or a loss of consciousness during or after exercise?	☐	☐
4. Do you have a bone, joint, muscle or back problem that could be made worse by exercise (including a current injury)?	☐	☐
5. Do you have a medical condition or other health concern that may affect your ability to exercise safely (for example, a respiratory, metabolic or neurological condition)?	☐	☐
6. Are you currently taking any prescribed medication that may affect your response to exercise (for example, medication for blood pressure, heart conditions or blood glucose)?	☐	☐
7. Have you been advised by a healthcare professional to avoid or limit exercise, or to exercise only under medical supervision?	☐	☐
8. Are you pregnant, have you recently given birth, or is there anything related to pregnancy or postnatal recovery that may affect your exercise participation?	☐	☐
9. Have you had surgery, a hospital admission or a significant illness recently, and have you not yet returned to your usual activity level?	☐	☐
10. Is there any other reason you think you may need support, adjustment or medical advice before taking part?	☐	☐

If you have answered Yes to any of the above, please give further details:

3. EXERCISE BACKGROUND

Are you currently physically active? ☐ Yes ☐ No

If yes, what activities do you do?

How often do you exercise each week?

Are you new to exercise? ☐ Yes ☐ No

What would you like to achieve?

Anything you would like the coach to know?

4. FURTHER INFORMATION

Anything else we should know, including any adjustments that might need to be made to help you take part.

5. Lifestyle coaching

Are you interested in further coaching for lifestyle changes ☐ Yes ☐ No

If yes, please explain what goals you are looking to achieve.

6. DECLARATION AND CONSENT

I confirm that the information I have provided is accurate and complete to the best of my knowledge. I understand that I should tell the Fit Force coach if my health changes, if I develop symptoms, or if any information on this form changes. I understand that I can ask questions about the session and request appropriate adjustments.

I understand that completing this form does not guarantee that exercise is suitable for me. If I have answered Yes to any health screening question, or I am unsure whether exercise is appropriate, I will discuss this with Fit Force before taking part. I may be asked to seek advice from a healthcare professional or complete further screening.

Client Signature: _____

Date: _____

7. FIT FORCE PRIVACY NOTICE & DATA DECLARATION

Why we collect this information:

Fit Force collects the information on this form to safely assess your suitability for exercise sessions, identify necessary adjustments, and respond appropriately in a health emergency. Health information is classified as sensitive personal data.

How we use, store, and protect your data:

- **Purpose:** Your details are used solely to design safe, effective exercise programmes and to contact you regarding your sessions.
- **Storage & Security:** Your data is stored securely in accordance with UK GDPR. Digital records are password-protected, and paper forms are kept in a locked filing cabinet. Access is strictly limited to authorised Fit Force staff.
- **Third Parties:** Your data will **never** be shared with or sold to third parties for marketing purposes. It will only be shared with medical professionals in an emergency.
- **Retention & Your Rights:** We only keep this form for as long as necessary to meet legal and insurance requirements. You maintain the right to view, update, or request the deletion of your records at any time. You can find more information about your data rights from the UK Information Commissioner's Office (ICO).

☐ I have read, understood, and explicitly consent to how Fit Force will collect, use, and store my sensitive health data as outlined above.

Client Signature: _____ Date: _____
(Type name if completing electronically)

8. FIT FORCE COACH USE ONLY

Form reviewed by:	Date reviewed:
Follow-up required? ☐ No ☐ Yes	Further action / notes:
Participation status: ☐ Proceed ☐ Discuss first ☐ Await advice	Review date (if applicable)

Privacy: Please return this form directly to Fit Force via email; info@fit-force.co.uk. Health information is sensitive personal data; keep it secure and only share it with people who need it for your participation and safety. Fit Force should provide clients with its privacy information explaining how their data is used and stored.

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