



THE
MIND, BODY AND
SPIRIT SPA
AT THE
KIGALI SERENA HOTEL

PRE-EXERCISE FORM

Date _____ Membership No. _____
 Name _____ Sex _____ Age _____
 Occupation _____ Address _____
 Office tel. no. _____ Home tel. no. _____ Cell no. _____
 Email Address _____
 Contact in case of emergency _____
 Office tel. no. _____ Home tel. no. _____ Cell no. _____
 Hospital Name _____ Tel. no. _____ Medical scheme no. _____

PLEASE TICK IN THE APPROPRIATE BOX

YES Y NO N Not Sure NS

Are you Male over 35? Y N NS
 Are you Female over 45? Y N NS
 Are you a newcomer to exercise? Y N NS
 Has anyone under 60 in your family suffered heart
 disease, raised cholesterol or sudden death? Y N NS
 Are you pregnant? Y N NS
 Are you post-natal with a baby under 6 months old? Y N NS
 Have you been hospitalised recently? Y N NS
 Are you taking any prescribed medication? Y N NS
 Do you have any infectious illness or infections? Y N NS

DO YOU HAVE OR HAVE YOU HAD:

YES Y NO N Not Sure NS

Raised Cholesterol	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NS	Stomach ulcer	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NS	Rheumatic fever	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NS
Stroke	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NS	Diabetes	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NS	Epilepsy	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NS
Heart murmur	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NS	Hernia	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NS	Kidney condition	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NS
Any heart	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NS	condition Gout	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NS	Asthma	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NS
Liver condition	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NS	Palpitations	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NS	Arthritis	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NS
Pains in the chest	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NS	Fainting/ Dizziness	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NS		
High blood pressure	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NS	Glandular fever	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NS		

If you have ticked yes or not sure, take this form to your doctor to get a clearance letter before starting any exercise Programme.

If the condition has already been cleared by the doctor, give us details of the condition, date of clearance and sign below

Signature _____ Date _____





DO YOU HAVE OR HAVE YOU HAD:

YES NO Not Sure

Muscular pain Varicose veins

Cramps Do you smoke

If so, how many _____

DO YOU HAVE ANY PAIN OR INJURIES IN THE FOLLOWING AREAS:

Back Neck Knees Ankles

If you have had any injury elsewhere' please specify _____

Is there any other condition we should know about? _____

If you have ticked any of the above questions, ask an instructor for guidance before starting.

What type of exercise have you been doing recently? _____

When did you start _____ How often _____

Intensity: Hard Medium Light

WE WOULD LIKE TO PRESCRIBE TO YOU THE MOST SUITABLE CLASS AND PROGRAMME AND THEREFORE, WE WOULD APPRECIATE IT IF YOU FOLLOW THE EXERCISE ADVICE CAREFULLY.

- Work at low level the first time
- Learn the technique
- You will work progressively harder each time you come
- Make sure you keep to a comfortable pace during aerobic activities
- We recommend that any newcomer to exercise (male over 35 or female over 45) Should have a medical assessment (a cholesterol count included)
- If you suffer any condition in the future, please inform us and complete a new form

TO HELP YOU REACH YOUR GOAL, PLEASE TICK YOUR REASON FOR JOINING THE CLUB

Social Improve your flexibility Tone muscle Fat loss

Fun enjoyment Improve your cardiorespiratory fitness Build muscle

If you would like a fitness test and your measurements taken, please ask one of our instructors.

STATEMENT

I understand that the instructors are not able to provide me with medical advice and that the above information is used as a guideline to the limitations of my ability to exercise. I have answered the questions to the best of my ability and understand the advice.

Signature _____ Date _____

