

FAMFIT *RETURN TO FITNESS WHILE BONDING WITH YOUR BUB!*

Section 1: Participant Detail

Name: _____ Gender: Male/Female/Non Binary

Nickname (preferred to be called) _____ D.O.B _____

Mobile _____ Email _____

Address: _____

Emergency Contact Details

Name: _____ Gender: Male/Female/Non Binary

Relation to participant: _____ Mobile _____

Section 2: Health Screening

Has your doctor ever told you that you have a heart condition, or have you ever suffered a stroke?	Yes/No
Do you ever experience unexplained pains in your chest at rest or during physical activity/exercise?	Yes/No
Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance?	Yes/No
Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?	Yes/No
If you have diabetes (type I or type II) have you had trouble controlling your blood glucose in the last 3 months?	Yes/No
Do you have any diagnosed muscle, bone or joint problems that you have been told could be made worse by participating in physical activity/exercise?	Yes/No
Do you have any other medical condition(s) that may make it dangerous for you to participate in physical activity/exercise? If yes, please specify:	Yes/No

If you answered YES to any of the above questions please seek medical clearance before commencing.

Section 3 – Postnatal Information

Baby's Name:		
Baby's Date of Birth		
Type of Birth:	Vaginal	Caesarean Assisted
Cleared for Exercise?:	Yes / No	Notes:

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Section 4: Health Conditions – Please tick any that apply

<input type="checkbox"/> Pelvic Pain <input type="checkbox"/> Back/Neck/Shoulder pain <input type="checkbox"/> Incontinence <input type="checkbox"/> Pelvic Heaviness <input type="checkbox"/> Abdominal Separation <input type="checkbox"/> C-section recovery <input type="checkbox"/> Sciatica/hip pain <input type="checkbox"/> Knee Pain	Please write any notes or other conditions that may apply:
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Section 5: Exercise Background:

Tell us about what types of exercise you were doing (if any)	Before Pregnancy:
	During pregnancy:

Section 6: Baby Info:

Does the baby have any currently known medical conditions?	Yes/No	Specify: _____ _____ _____
Are you using a Baby carrier?	Yes/No	If Yes; what type? _____ _____

Section 7: Consent

"I understand that I am participating in physical activity at my own risk and will inform the instructor of any concerns. I understand that it is also my responsibility to notify the instructor of any changes to health in regard to this form."

Participant Name _____ Participant Signature _____
 Date _____

Do you allow photo for promotional use? (we will always let you know when we are going to take a photo)
 Yes No
 Participant Signature _____

Staff Usage:

Added to AW
 Instructor reviewed
 Staff Initial: _____