



Confidential Information for Anti-Aging Holiday Participants & Life Changing Personal Coaching

Please answer the seven questions below. These questions will inform us and yourself if you should check with your doctor before you start. **If you are over 45 years of age, and you are not used to being active, please check with your doctor regardless of your answers.**

Please read the questions carefully and answer each one honestly. Use common sense when circling YES or NO.

- 1) Do you feel pain in your chest when you do physical activity? Y N
2) In the past month, have you had chest pain when you were not doing physical activity? Y N
3) Do you lose your balance because of dizziness or do you ever lose consciousness? Y N
4) Do you have a bone or joint problem that could be made worse by physical activity? Y N
5) Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? Y N
6) Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? Y N
7) Do you know of any other reason why you should not do physical activity? Y N

I have read and completed all questions honestly. _____

If you answered YES to one or more of the questions, RPM Health Club requires you to complete a medical release form.

If you have answered NO to all questions you may start with the understanding that you are responsible for your exercise and also take responsibility for any risks associated with exercise. When all answers are 'no', you can be reasonably sure that you can:

- Start becoming more physically active. We suggest beginning slowly and building gradually. This is the safest and easiest way to go.
We recommend you take part in a fitness appraisal or an RPM Health Club Intro. This is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.
It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144 / 94, talk with your doctor before you start becoming much more physically active.

I _____ have read, understood and completed this questionnaire honestly.

Any questions I had were answered to my full satisfaction.

Signed: _____ Dated: _____ Witness: _____

PLEASE CHECK YOUR BLOOD PRESURE!

Systolic 140mmHg – 160mmHg and / or diastolic 90mmHg – 95mmHg please consult your doctor.

Systolic under 105mmHg and / or diastolic under 60mmHg, please consult your doctor.