



PRE- SCREENING FOR ANTE NATAL & POSTNATAL CLASSES

Name:

Baby's Name:

Your Date of birth

Baby's Date of Birth:

Address:

Tel Numbers:

Occupation:

Email address:

Partners Name:

Address (if different)

Partner's / Emergency contact Tel no

Doctor:

Midwife:

Tel No:

How did you hear of Buggyfit@?:

Number of other children?

Previous Exercise Taken: (briefly outline)

Please tick if you have experienced any of the following, & adding past or present.

Shortness of breath ☐

Heart Disease ☐

Diabetes ☐

Chest Pain ☐

Hypo glycaemia ☐

Multiple births ☐

Miscarriage ☐

Pelvic/abdominal cramps ☐

High blood pressure ☐

Eating Disorder ☐

Vaginal bleeding ☐

Knee problems ☐

Vaginal Disorder ☐

Arthritis ☐

Back problems ☐

Blood Disorder ☐

Dizziness ☐

Neck problems ☐

Is there anything in your medical history you feel could affect your ability to exercise?

Are you taking any medication? Give details:

Is there anything about your pregnancy or birth you feel is relevant to the participation in an exercise programme?

What concerns you most about pregnancy, birth or the postnatal period?

What are your goals or reasons for participating in exercise?

FOR POSTNATAL ONLY

Type of delivery?

Did you have an episiotomy?

Are you breastfeeding?

How much sleep are you getting?

Are you getting up at night?

Are you doing other exercise/what?

Covid-19

Have you tested positive for Covid-19? Yes/No

Please DO NOT attend class should you or a member of your household have, even minor symptoms akin with those related to the Coronavirus Covid-19

Please ensure yours and your toddlers hands are washed thoroughly prior to and after each class to help avoid spread of infection

Please read and sign

I, acknowledge and confirm that I have had the all clear by my GP to commence suitable postnatal exercise. I am aware that I must feel well prior to each class and will notify you (the trainer) should I feel unwell at any time during the class.

Whilst I am aware that every effort has been taken to ensure this exercise class is suitable for postnatal women. I understand that my participation and the safety of both my child/children and myself are my responsibility. I shall inform my Buggyfit instructor of any medical or post-natal related changes prior to commencing each training session and that neither the instructor or Buggyfit will be liable in any way for any unforeseen circumstances nor for any circumstances of which I should have been aware but failed to notify them.

Please be aware we do not advocate running with a buggy at Buggyfit.

Social media is a great promotional platform for us- We may take informal photos or video at class to help with our promotion, but we respect your wishes so please delete appropriately.

I am happy for you to use pictures of me yes ☐ no ☐ and of my Baby & children yes ☐ no ☐

Data Protection: The information you have provided here will be used for Buggyfit® purposes only by your Instructor/Trainer, we understand that some data is sensitive and treat this the way of a medical practitioner no data will be shared with any third party without your prior permission.

I hereby consent for you to process and store my information for at least 7 years for professional and legal purposes and my consent will be sought before it is shared with anyone outside of Buggyfit®. However I understand that these details may be shared in the event of a medical emergency.

I give / do not give you permission to contact me for marketing purposes in the future.

I give / do not give you permission to contact me re Buggyfit classes & social events.

I don't want to be contacted by you after / / .

I am happy with the following methods of contact Mobile number ☐ Email ☐ Home Phone ☐

I confirm that all statements on the form are correct and that I have read and understand this declaration.

Signed:.....Print.....

Date:..... Trainer's signature.....