BEAST MO TRAINING

HEALTH SCREENING FORM

Striking & Kickboxing · Functional Fitness · Longevity Training · Self-Defence

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Please complete this form before your first session. We accept clients aged 12 and over. For clients aged 12–17, a parent or legal guardian must complete and sign this form on the client's behalf.

> **Privacy:** The health details on this form are **sensitive information**. We collect them only to assess your readiness and coach you safely, and we handle them under the Privacy Act 1988 (Cth), the Australian Privacy Principles and our Privacy Statement (beastmotraining.com.au). We do not sell your information.

Section 1 — Client details

Full name			
Date of birth		**Phone**	
Email address			
Home address			
Emergency name		**Emerg. phone**	

Program enrolled in (tick one or more):

☐ Casual / Drop-In ☐ Kids & Youth Striking (12–17) ☐ Longevity 65+ ☐ Serious About Striking
☐ Foundations ☐ Semi-Private (Youth & Seniors) ☐ Semi-Private (Adults) ☐ Amateur Fight Preparation
☐ Fight Camp Intensive ☐ Committed 12

Section 2 — General health

Please answer honestly. Circle or mark **YES** *or* **NO** *for each question.*

Question	YES	NO
Has a doctor ever told you that you have a heart condition or that you should only do medically supervised exercise?	○	○
Do you experience chest pain, dizziness or shortness of breath during physical activity?	○	○
Have you had a recent surgery, injury, or been hospitalised in the last 12 months?	○	○
Do you have high or low blood pressure?	○	○
Do you have diabetes (Type 1 or Type 2)?	○	○
Do you have any neurological condition, including epilepsy or a balance disorder?	○	○
Do you have asthma, a respiratory condition, or breathing difficulties during exercise?	○	○

Question	YES	NO
Do you have any current musculoskeletal injuries, chronic pain, or joint problems?	O	O
Are you currently pregnant or post-partum (within 12 months of giving birth)?	O	O
Are you currently taking any medication that may affect your ability to exercise safely?	O	O
Do you smoke or use nicotine products?	O	O
Have you been inactive (no regular exercise) for more than 3 months?	O	O
Are you managing any mental-health conditions relevant to physical training?	O	O

If you answered YES to any question above, please provide details:

Section 3 — Specific conditions

3.1 Injuries & physical limitations

Please describe any current or past injuries, surgeries or physical limitations Mo should know about:

3.2 Medications

List any medications you are currently taking that may affect exercise:

Section 4 — Youth clients (complete if the client is 12–17)

> Mo holds a current NSW Working With Children Check (WWCC verified). A parent or legal guardian must complete this section and sign the declaration in Section 7.

Parent / guardian full name	

Relationship		**Guardian phone**	

Does the client have any developmental, behavioural or learning conditions Mo should be aware of?

Section 5 — Clients aged 65+ (complete if the client is 65 or older)

Has your GP provided written medical clearance to take part in physical training?

☐ Yes — clearance letter attached ☐ No — Medical Clearance Declination Form signed separately

GP name		**GP practice**	

Section 6 — Privacy consent

☐ I consent to Beast Mo Training collecting and using the health information on this form to assess my readiness and coach me safely, as described in the Privacy Statement. I understand I can ask to access or correct my information at any time.

☐ (Optional) I consent to being contacted with occasional updates or offers from Beast Mo Training. I can opt out at any time.

Section 7 — Declaration & signature

I declare that the information in this form is accurate and complete to the best of my knowledge. I understand it is my responsibility to tell Beast Mo Training of any change to my health that may affect safe participation. I acknowledge that providing false or incomplete information may affect Beast Mo Training's ability to coach me safely and may affect the terms of the Coaching Agreement. I confirm I have read the Risk Warning in the Terms and Conditions.

Client (or parent / legal guardian if under 18) signature	

Full name (printed)	**Date (DD / MM / YYYY)**

If signing for a minor: I, _____, confirm I am the parent or legal guardian of the above-named client and sign on their behalf.

Guardian relationship to client: _____