



Pre Exercise General Health & Fitness Questionnaire

Before you are able to participate in physical activity it is necessary for you to complete the following questionnaire accurately and honestly.

Name: Date Of Birth:/...../.....

Have you ever been the member of another gymnasium? Yes No

Are you currently participating in regular exercise? Yes No

If Yes, what kind? How often?

If no, when did you last participate in regular exercise?

Do you smoke? Yes No

Are you currently taking any form of medication?

Do you suffer from any of the following? (please circle)

Answering yes to any of the following questions may require you to obtain a medical certificate from your GP before proceeding with an exercise program.

Heart Problems Y / N Diabetes Y / N High Blood Pressure Y / N Back Pain Y / N

Arthritis Y / N Asthma Y / N Epilepsy Y / N Pregnant Y / N

Please list any health/injury issues we should know about.

I agree that the medical information I have provided is true and correct and may be used by a Management and Personal Trainer when assessing my fitness level and general health. I understand the above information will be taken into consideration by a Personal Trainer if required to provide me with an exercise program. I acknowledge it is ultimately my responsibility to ensure that I am capable of completing any prescribed exercise program without harm. I will, if necessary, seek the advice of a medical professional if I am in any doubt of my being able to start and maintain an exercise program, even if I am not requested to do so by staff.

Members SignatureDate/...../.....