



Pre Activity Questionnaire

Please read the following questions carefully and answer honestly with YES or NO. We do advise if you are in doubt please consult your doctor prior to physical activity.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1 Has your Doctor ever said that you have a heart condition and that you should only do physical activity recommended by your doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2 Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3 In the past month, have you had chest pain when you are not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4 Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5 Do you have a bone or joint problem that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6 Is your doctor currently prescribing you medication for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7 Do you suffer from diabetes, epilepsy or asthma? *
<input type="checkbox"/>	<input type="checkbox"/>	8 Are you pregnant or have given birth in the last three months?
<input type="checkbox"/>	<input type="checkbox"/>	9 Do you know <u>any other reason</u> why you should not do physical activity? _____ _____

* If answered yes to this question you will need to ensure you carry your medicine with you at all times, otherwise you may be refused entry

If you have answered yes to any of the above questions you will be required to seek medical advice from your GP and attend a compulsory induction before using the fitness suite. Once you have done this please fill in the information on the reverse of this form.

EMERGENCY CONTACT NAME: _____ EMERGENCY CONTACT NUMBER: _____

All the above information I have answered to the best of my knowledge and understand if there are any changes to my health I will inform the Sports Centre. I accept that I will use the equipment at my own risk and will ask a member of staff if I am unsure how to use a piece of equipment.

MEMBER/GUEST NAME: _____ DATE: _____

MEMBER/GUEST SIGNATURE: _____

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____
(if member under the age of 18)

If you answered yes to one or more questions:

If you have not recently done so, consult with your doctor by telephone or in person before increasing your physical activity.

Tell your doctors what questions you have answered yes to on the Pre Activity questionnaire or present him a GP referral letter. After a medical evaluation, seek advice from your doctor as to your suitability for the required exercise programme you wish to participate in.

Assumption of Risk

I realise that my participation in these activities involves the risk of injury and the possibility of death. Furthermore, I hereby confirm that I am voluntarily engaging in an acceptable level of exercise, which has been recommended to me by my GP.

Customer Name:

Signature:

Date: