

# HEALTH SCREENING QUESTIONNAIRE

## ALL INFORMATION IS PRIVATE AND CONFIDENTIAL

Name .....

Date of Birth .....

Email address (optional) .....

For your own safety, if you answer 'yes' to any of the following questions, we may not be able to allow you to access the gym unless you can provide us with a note from your GP indicating that it is safe for you to do so.

Do you or have you ever suffered from:

Diabetes Y / N

High / Low Blood Pressure Y / N

Physical Handicaps Y / N

Asthma Y / N

Respiratory Problems Y / N

Epilepsy Y / N

Conditions Associated with Heart Disease Y / N

Arthritis or stiff joints Y / N

Back Pain Y / N

Hip Pain Y / N

From other joint injury Y / N

Blackouts Y / N

Are you taking any medication which might affect you during exercise Y / N

Do you know of any illness or injury not in the above list that may be aggravated by regular exercise Y / N

### Statement

To the best of my knowledge I have completed this health assessment form correctly and have stated any medical conditions which may restrict my ability to participate in the use of the gym equipment. It is my responsibility to inform you of any medical changes that may arise.

I understand that you offer a free gym introduction/assessment and that it is my responsibility to make an appointment with the gym instructor.

I fully understand the importance of the above statement and I take full responsibility for my actions and my wellbeing.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_