

# HEALTH QUESTIONNAIRE

Name:..... Date of Birth:.....

Address:  
.....  
.....  
.....

Telephone Number:..... Membership Number:.....

Have you had any of the following? (Tick Box)

	Yes	No		Yes	No
Heart Problems	<input type="checkbox"/>	<input type="checkbox"/>	Joint Problems	<input type="checkbox"/>	<input type="checkbox"/>
Fainting Spells	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Pain in Chest when Exercising	<input type="checkbox"/>	<input type="checkbox"/>	Back Complaints	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Are you any sort of Medication	<input type="checkbox"/>	<input type="checkbox"/>
Low Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Any breathing difficulties Or asthma	<input type="checkbox"/>	<input type="checkbox"/>	Any other significant illness, recent or serious operations	<input type="checkbox"/>	<input type="checkbox"/>

If yes,  
what?.....  
.....  
.....

If you have answered yes to any of the above questions, you should consult your doctor for advice.

Do you participate in any regular exercise?

If yes.  
What?.....

Frequency.....

If any of the above change in the future, please inform your fitness instructor immediately. The above questionnaire has been devised to aid you in assessing your state of health before commencing you workout.

### DECLARATION

I wish to embark on a programme of physical activity including weight training and the use of various aerobic conditioning machinery. I hereby affirm that I do not suffer form any condition which prevents my participation in an exercise programme.

I hereby release GLL (Greenwich Leisure Limited), it's employees and owners, from any claims, demands and causes of action arising from my participation in this exercise programme, I agree to abide by the conditions of use as state in this document.

I fully understand that should I injure myself as a result of exercise participation that I hereby release GLL from any liability now or in the future.

Print Name..... Date.....

Signature.....

Guardian Print Name..... Date.....

Guardian Signature.....

#### Office Use Only

Action Taken.....

Instructor..... Checked.....

