

Medical Screening Questions

Regular exercise is associated with many health benefits, yet any change of activity may increase the risk of injury. Completion of this questionnaire is a first step when planning to increase the amount of physical activity in your life.

Please read each question carefully, answer honestly, explain any 'YES' answers:

Yes	No	1) Has a physician ever said you have a heart condition and you should only do physical activity recommended by a physician?
Yes	No	2) When you do physical activity, do you ever feel pain in your chest?
Yes	No	3) When you were not doing physical activity, have you had chest pain in the past month ?
Yes	No	4) Do you ever lose consciousness or do you lose your balance because of dizziness?
Yes	No	5) Do you have a joint or bone problem that may be made worse by a change in your physical activity?
Yes	No	6) Is a physician currently prescribing medications for your blood pressure or heart condition?
Yes	No	7) Are you pregnant?
Yes	No	8) Do you have insulin dependent diabetes?
Yes	No	9) Are you 69 years of age or older?
Yes	No	10) Do you know of any other reason you should not exercise or increase your physical activity?

If you answered YES to any of the above questions, you must write and explain here why using The Gym is safe for you:

Has your Doctor recommended you become more Physically active? _____

You are signing below to confirm that you have answered honestly; you will inform the Gym if your circumstances change; if you have answered 'YES' to any of the questions you are signing to confirm you have informed your doctor of your intent to exercise at The Gym and have their approval; you will exercise safely and are using The Gym entirely at our own risk; you will increase your level of physical activity **gradually**; you will ask for help if unsure.

If your health changes so you then answer yes to any of the above questions, seek guidance from a physician.

Signature	Date
-----------	------

Input By _____ Membership Number _____