



GYM PRE-ACTIVITY QUESTIONNAIRE

NAME OF GYM USER: _____

Have you undertaken an exercise program before? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Please tick if you are currently affected (or have been previously) by any of the following conditions?

<input type="checkbox"/> Asthma	<input type="checkbox"/> High Cholesterol	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Hernia	<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Arthritis
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Stroke	<input type="checkbox"/> Muscular Injury
<input type="checkbox"/> Blood Disorders	<input type="checkbox"/> Respiratory Disorders	<input type="checkbox"/> Skeletal Injury
<input type="checkbox"/> Back Problems	<input type="checkbox"/> High/Low Blood Pressure	<input type="checkbox"/> Other

If you answered "Yes" or "other" please give details: Please list any current medication (and what it's used for)

Are you allergic to any substances? Yes No

If "Yes, please advise _____

Do you have any further information regarding your medical condition or exercise history that may be important? Yes No

If "Yes", please advise? _____

The information I have provided is true to the best of my knowledge.
 I understand that I should seek a doctor's advice if I have an medical condition that may affect my exercise program, if I lead a sedentary lifestyle or am over 40 years old.
 I understand that I will require a doctor's clearance before continuing with using the gym. I agree to inform Mooloolaba Surf Life Saving Club is any conditions change.

Gym User Signature: _____ Date: ___/___/___

Signature of Witness _____ Date: ___/___/___

Print Name of Witness _____ Date: ___/___/___