SPORT AND FITNESS CENTRE HEALTH CHECK FORM

Complete personal details:

<table>
<thead>
<tr>
<th>Name</th>
<th>Emergency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Contact name</td>
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</table>

<table>
<thead>
<tr>
<th>Membership Number</th>
<th>Emergency</th>
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<td></td>
<td>Contact Number</td>
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Answer the following health related questions by circling YES (Y) or NO (N)

- Are you currently taking any medication prescribed by a doctor?  
  - Y
  - N

- Have you had any form of operation in the past 12 months that could affect you exercising?  
  - Y
  - N

- Do you suffer from Asthma, Diabetes or Epilepsy?  
  - Y
  - N

- Are you pregnant or have you been in the past 6 months?  
  - Y
  - N

- Have you ever suffered from a stroke, angina, heart condition or blood pressure problems?  
  - Y
  - N

- Do you suffer from any other medical conditions (short or long term) that might be relevant to carrying out exercise?  
  - Y
  - N

- Has anyone in your immediate family under the age 65 of ever suffered from a stroke, angina, heart condition or blood pressure problems?  
  - Y
  - N

If you answered YES to one or more questions from the above section

- You will need to complete a health check with a fitness consultant BEFORE you exercise

If you answered NO to all questions

- Your membership card will allow immediate access in to the fitness suite. Enjoy your training!
- You are still entitled to receive a health check should you want one, ask a fitness consultant for more details

Rules and Requirements

- You are required to bring your membership card to gain access into the fitness suite at ALL times
- You are required to bring a sweat towel to gain access into the fitness suite at ALL times
- All bags, personal belongings and coats must be stored in the lockers provided before entering the fitness suite. This applies to classes within the fitness suite
- Suitable sports clothing must be worn at all times when exercising in the fitness suite
- No food may be consumed within the fitness suite
- Chewing gum and spitting are strictly prohibited
- All free weights must be returned to the racks after use
- Members should only use each piece of CV equipment for a maximum of 30 minutes at busy periods
- No filming or photography without prior permission from the management

Please sign and date the following declaration

*The information provided is correct and I will inform a member of staff if any of the information changes. I have read and understood the rules and requirements of the fitness suite.*

<table>
<thead>
<tr>
<th>Signed</th>
<th>Date</th>
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FOR OFFICE USE ONLY

<table>
<thead>
<tr>
<th>Bp Systolic</th>
<th>Diastolic</th>
<th>Resting HR</th>
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</table>

**Fitness Consultant Notes (Include medications, date of any operations, severity of conditions):**

**Referrals Only**

<table>
<thead>
<tr>
<th>Reason for referral</th>
<th>Date</th>
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<tbody>
<tr>
<td>Referral Letter returned</td>
<td>Date</td>
</tr>
</tbody>
</table>