

Pre Exercise Questionnaire

HEALTH CHECK						
Blood Pressure Reading	Systolic:	Diastolic:				
Resting HR						
YOUR DETAILS						
Title						
First Name						
Last Name						
Mobile Number						
Door Number						
Street Name						
Town						
County						
Postcode						
Emergency Contact Name						
Emergency Contact Number						
Health Screening	Y	N		Lifestyle Screening	Y	N
Do you have Bone or Joint problems?			Please state here:	Do you Smoke?		
Do you have High/low blood pressure?			Please state here:	Do you drink Alcohol?		
Do you have Diabetes?			Please state here:	Do you suffer from high Stress levels?		
Do you have High Cholesterol?			Please state here:	Do you Exercise on a regular basis?		
Do you have a Heart Condition?			Please state here:	Have you used a Gym in the past?		
Have any family members suffered from History of Coronary Heart Disease (CHD) before 65?			Please state who:	How would you describe your Motivation towards regular exercise?		
Do you suffer from Dizzy spells?			How often:			
Are you on any Medication? If so, please state			Please state here:	Somewhat Motivated		
Are you or could you be Pregnant?			How many months:	Struggle with Motivation		
Are there any other mental, physical or health problems you have / would like to let us know about? I.e. Asthma or depression?			Please state here:	Print Name: Signature: Date:		
Have you been told about the fire evacuation process						
Have you been told about first aid emergencies						
Would you like your induction online or in person? (compulsory)			Please state preferred date for in person induction here:			

If you have answered "Yes" to one or more of the health screening questions, please consult your physician before engaging in physical activity. Tell your physician which questions you answered "Yes" to. After a medical evaluation, seek advice from your physician on what type of activity is suitable for your current condition.

Staff FULL NAME:

Induction completed: