

Pre Exercise Questionnaire



The questions on this form are required to help your instructor design a safe and effective programme for you. In some cases a Doctors letter may be required. Your instructor will discuss this with you. This questionnaire is strictly confidential.

Please read all the questions below and tick the appropriate box.

YES NO

- Are you taking any medication at present
- Are you currently under medical supervision
- Have you any history of heart problems
- Have you any history of high / low blood pressure
- Have you ever had a seizure / epileptic fit
- Have you ever had any back problems
- Have you any history of serious muscle or bone injury
- Are you asthmatic
- Are you diabetic
- Is there any condition or illness not mentioned above that your Instructor should be made aware of?
- If yes please give details below

YES	NO

If you are pregnant, think you might be or have been in the last 3 months, you should inform your gym instructor

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I KNOW OF NO MEDICAL REASON WHY I CANNOT PARTICIPATE IN FITNESS TRAINING AND I DO SO AT MY OWN RISK.

Name _____
 Date _____



UNDERTAKING:

I understand that Eskra Community Centre and Pulse Zone Gym ,its servants, agents or employees are under NO liability whatsoever in respect of personal injury, loss or damage however arising whilst my attendance at the Pulse Zone Fitness Suite.

I am aware of the rules and regulations.

The information provided is protected by the data protection act and will be used for internal use only.

I can confirm that I have received a full induction which included the safe use of and formalisation of each piece of fitness equipment and that I am confident in its use, having received a complete introductory session.

Member's Name _____

Signature _____

Date _____

Date of Birth _____

Mobile No. _____

e-mail _____

Instructor _____