

## SAVRAL GYM HEALTH HISTORY QUESTIONNAIRE

Please answer the following questions by ticking in the YES or NO box. This questionnaire does not constitute a medical examination and is merely a means to enable the fitness staff to advise you on any issues relating to your wellbeing whilst using the facility. You must obtain any medical clearance to exercise from your GP. Please elaborate where necessary.

NAME.....AGE.....

EMERGENCY CONTACT DETAILS: TEL.....

RELATIONSHIP.....

1. Are you under the care of a healthcare professional?.....  
If YES, list who and reason.....
2. Has your doctor ever said that your blood pressure was too high?.....
3. Do you have a bone/joint problem which may be made worse by exercise?....
4. Are you unaccustomed to vigorous exercise?.....
5. Do you suffer from Asthma? If YES, how induced?.....
6. Do you suffer from Diabetes? If YES, which type?.....
7. Do you suffer from Epilepsy?.....
8. Do you suffer severe headaches or migraine?.....
9. Have you ever experienced pain in your chest as a result of exercise?.....
10. Do you experience dizzy spells or feel faint?.....
11. Are you recovering from a recent illness or injury? If YES, specify.....
12. Are you, or have you been pregnant in the past 12 months?.....
13. Are you taking any regular, prescribed medications?.....
14. Any other information which may affect your ability to exercise?.....

YES	NO

### OTHER INFORMATION:

- Do you have a regular smoking habit?.....
- If YES, how many a day?.....
- Do you follow a special diet?.....
- If YES, what?.....
- How many units of alcohol do you consume in a typical week?.....
- What is your occupation?.....
- What is your current exercise regime?.....
- How many times per week do you envisage using the gym?.....
- How long would you allocate for each workout?.....
- How does your weight compare to 12 months ago?.....

YES	NO

*I confirm that I have read, understood, and answered all the above questions correctly to the best of my knowledge. I understand that SAVRAL and its representatives cannot be held responsible for any injury or illness arising from my participation in any form of exercise. I will, furthermore, advise SAVRAL of any change in my wellbeing.*

SIGNED.....DATE.....

SIGNED on behalf of SAVRAL.....DATE.....

(Please insert fob number on reverse of this page)

**ST AUGUSTINES VILLAGE RESIDENTS ASSOCIATION LTD**

**LEISURE CENTRE & GYMNASIUM**

**MEMBERSHIP APPLICATION FORM**

**All details will be treated in the strictest confidence. Please complete in block capitals**

Surname.....

First name.....

Title Mr.Mrs.Ms.Dr.....

Date of birth.....

SAVRAL Address.....

Email.....

Telephone.....Date.....

Owner or Tenant?.....Signed.....

**If Tenant, you must ask your Landlord's permission. Ask your Landlord to fill in the rest of this form.**

**If signing as a Letting Agent, then please also sign here:**

**I, .....as Letting Agent, declare that I have the Landlord's permission to sign on his behalf.**

Landlord's Name.....

Address.....

Landlord's Telephone Number.....

Landlord's email address.....

Expected expiry date of tenancy.....

**In giving my permission for.....to apply for membership of the SAVRAL Gym, I accept full responsibility for my tenant's use of the facility.**

Landlord's signature.....Date.....

**FOB NUMBER.....**