



KILDORRERY ONE CLUB GYM

Exercise Readiness Questionnaire

Name _____

Address _____

Male _____ Female _____ Date of Birth _____

What is the present state of your general health? Good _____ Average _____ Below Average _____

Doctor's Name _____ Phone _____

Emergency Contact _____ Phone _____

Health screening questions:

Yes No

- | | | |
|--|-------|-------|
| 1. Has your doctor ever advised you against exercise? | _____ | _____ |
| 2. Do you suffer from pains in your chest, at rest or during exercise? | _____ | _____ |
| 3. Do you have any bone or joint problems that may be aggravated by exercise? | _____ | _____ |
| 4. Are you pregnant or given birth in the last 6 weeks? | _____ | _____ |
| 5. Do you have any allergies? | _____ | _____ |
| 6. Do you have asthma? | _____ | _____ |
| 7. Do you suffer from high blood pressure? | _____ | _____ |
| 8. Are you currently on any medication prescribed by your doctor? | _____ | _____ |
| 9. Have you ever had problems with your back? | _____ | _____ |
| 10. Do you suffer from diabetes? | _____ | _____ |
| 11. Have you ever suffered from epilepsy? | _____ | _____ |
| 12. Have you had surgery in the past 12 months? | _____ | _____ |
| 13. Do you lose balance because of dizziness? | _____ | _____ |
| 14. Do you ever lose consciousness? | _____ | _____ |
| 15. Is there any history of heart disease or Stroke in your family? | _____ | _____ |
| 16. Do you have raised cholesterol? | _____ | _____ |
| 17. Are you aware of any other reason why you should not do physical activity? | _____ | _____ |

If you answered Yes to any of the above please consult with your doctor before commencing an Exercise Programme in Kildorrery ONE CLUB GYM. We may require you to obtain written consent from your GP before accepting you as a GYM member.

I understand that I will be using the GYM facilities entirely at my own risk and waive any legal recourse for damages to myself or property arising from my participation. I have understood and answered all the above questions honestly. I understand that I should not exercise if I feel unwell or if my health status changes.

Signature _____ Date _____