Mannum Leisure Centre 24/7 GYM

HEALTH HISTORY FORM

Personal details:

Name:_____Phone:_____D.O.B: _____

Address: _____

Email: _____

Emergency contact:_____Relationship:_____Phone: _____

Doctor's name:_____Clinic:_____Phone: _____

Medical history:

1. Are you currently taking any medication? Δ No Δ Yes – please specify below:

   Type:_____Reason: _____

   Type:_____Reason: _____

   Type:_____Reason: _____

2. Do you have, or have you ever had any of the following conditions?

CONDITION			DESCRIPTION
Heart attack	No	Yes	_____
Stroke	No	Yes	_____
Chest pain	No	Yes	_____
Hypertension	No	Yes	_____
Diabetes	No	Yes	_____
Cancer	No	Yes	_____
High cholesterol	No	Yes	_____
Hernia	No	Yes	_____
Arthritis	No	Yes	_____
Thyroid	No	Yes	_____
Anemia	No	Yes	_____
Asthma	No	Yes	_____
Other	No	Yes	_____

3. Have you ever been injured in any of the following areas (that will effect participating in exercise)?

BODY PART		DESCRIPTION
Neck	No Δ Yes	_____
Shoulders	No Δ Yes	_____
Arms	No Δ Yes	_____
Abdomen	No Δ Yes	_____
Back	No Δ Yes	_____
Legs	No Δ Yes	_____
Other	No Δ Yes	_____

4. Are you currently under the care of a physician for any reason at all? Δ No Δ Yes – please specify below:

_____

5. Do you smoke cigarettes? Δ No Δ Yes - If yes how many per day? _____

6. Do you know of any physical condition that you have that could be aggravated by exercising or exerting yourself? Δ No Δ Yes If yes please specify below:

_____

7. Are you taking any medication which could cause a reaction while exercising? Δ No Δ Yes – please specify below:

_____

8. Does your doctor know that you are beginning a new exercise program? Δ No Δ Yes

9. If you doctor knows that you are going to begin a new exercise program does he/she object? Δ No Δ Yes
If yes, please specify below:

_____

10. Do you wear a medical alert bracelet? Δ No Δ Yes – If yes bracelet number:_____and reason below:

_____

11. Please describe your current level of physical activity (please circle):

Sedentary Light Moderate Vigorous

Release:

I know of no physical or medical condition which I, or my doctor, feel could be aggravated by my using the equipment and facilities or, participating in activities sponsored by this centre. I agree to advise centre management in writing if any of the above information changes or if my doctor advises me to stop, reduce, or otherwise adjust my exercise regimen at the centre. I will advise centre management immediately if I injure myself in anyway while on centre property. The information I have given on this form is, to the best of my knowledge, complete and accurate.

Signature_____Date: _____