

Lifestyle & Health Questionnaire

1. Peak Time or Off Peak Time or Junior Gym Sessions*

2. Full Name:

3. Date of Birth:

4. Contact Telephone Number:
(To arrange your Induction Session).

(N.B. If the answer to any of questions 5 to 10 is “Yes”, please provide details overleaf).

5. Are you currently attending or are you due to attend a doctor or hospital for any medical condition? YES/NO

6. Have you ever had any injury, illness, back or joint condition that could be aggravated by exercise? YES/NO

7. Are you or have you recently been pregnant? YES/NO

8. Are you taking any prescribed medication? YES/NO

9. Have you ever suffered from any of the following?

a) Chest Trouble YES/NO b) Heart Condition YES/NO

c) Asthma YES/NO d) Epilepsy YES/NO

e) Arthritis YES/NO f) Circulation Problems YES/NO

g) Diabetes YES/NO

10. Do you have any other medical condition that might require your exercise programme to be modified? YES/NO

I declare that to the best of my knowledge and belief the statements made on this questionnaire are true and that I have not knowingly withheld any material facts.

I declare that to the best of my knowledge and belief I have not had, and am not aware of, any physical or medical condition which would prevent me from using or exercising with fitness equipment.

I understand that I must be aged 16 or over before I can apply for membership of the Club Plus Gym – this does not apply to Junior Gym Sessions.

* Junior gym sessions for 14 and 15 year olds for times as advertised.

Signed: _____

Dated: _____

Question 5	Further Details	Date of Appointment
Question 6	Further Details	Date of injury or illness
Question 7	Further Details	Date of pregnancy
Question 8	Further Details	
Question 9	Further Details	Date or duration of illness or condition
Question 10	Further Details	