

Lifestyle & Health Questionnaire

1. **Peak Time Application / Off Peak Application (please delete as appropriate)**
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.

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	