

Sports Centre Health Questionnaire



Guest Pass	<input type="text"/>
Induction	<input type="text"/>
Review	<input type="text"/>

Name: _____ Email: _____

Address: _____

Address: _____ Post Code: _____

Telephone: _____ D.O.B: _____

For most people physical activity should not pose any problem or hazard. This health questionnaire has been designed to identify the small number for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

If you answer YES to one or more questions below you may be required to gain clearance from your GP.

Common sense is your best guide in answering these few questions. Please read them carefully and tick YES/NO opposite the question that applies to you.

	Please tick	YES	NO		YES	NO
Have you had surgery in the past 12 months?				Are you currently pregnant?		
Chest pains?				Given birth in the last 12 months?		
Severe headaches or dizziness?				Bones, joint or muscle type problems?		
Back pain?				Allergies?		
High/Low blood pressure?				Any current injuries?		
Asthma? Do you suffer from attacks?				Is there any good reason not mentioned here why you should not follow a graduated exercise programme?		
Epilepsy/Diabetes?						
Heart problems?						
Are you on medication?						
Height				Current weight		

Declaration

I confirm that the information above is correct. I agree to inform an instructor in the event that the answer to any of the above questions should change. I also agree to use only the equipment that has been demonstrated to me by an instructor and will seek advice about the use of any equipment where I am unclear about it's safe use. I understand that Northampton High School Sports Centre and it's employess will not accept liability for injury caused to me where such injury is the result of my failure to inform Northampton High School Sports Centre of my actual health status, or otherwise as a result of my or a third party's negligence.

Print Name: _____ Sign: _____

Date: _____

How did you hear about us? _____

Why not refer a friend...

Print Name of friend: _____

Aims and goals

What would you like to achieve with your membership here at The Sports Centre at Northampton High?

If you could achieve a goal within the first 4 weeks of your membership what would it be?

If you would like to lose weight, is there a particular weight you would like to get down to?

How many times per week do you think you need to come the gym to achieve these goals?

Would you like your programmes to be kept up to date with our review system?

If so, when are you free for your next review?

Print Name: _____

