



Gym Members

Self Declaration for non-cardiac patients

Please read the following questions carefully and answer as honestly as possible.

Name: Date Of Birth:

Do you have, or have you ever had any of the following? Please circle yes or no

Frequent or severe headaches	YES/NO
Dizziness or fainting spells	YES/NO
Asthma or lung disease	YES/NO
Heart or vascular problems	YES/NO
High or Low blood pressure	YES/NO
Epilepsy or seizures	YES/NO
Diabetes	YES/NO
Stroke	YES/NO
Muscular disorders or complaint	YES/NO
Chest pains	YES/NO
Back complaint	YES/NO
Lower limb or joint problems	YES/NO
Has your doctor ever advised you not to partake in exercise?	YES/NO
(Women only) Are you or have you been pregnant in the past year	YES/NO

If you have answered yes to any of the questions above you are strongly recommended to seek medical advice before using gym facilities.

Emergency contact details

Name:

Contact number:

I declare that I am not aware of any medical reason why I should not use the exercise facilities at this Centre.

I understand that I use the facilities at my own risk and that I agree to adhere to the centre's rules and etiquette and use the equipment in the manner I have been shown in order to prevent injury to myself or others and damage to the equipment.

Signed

Dated