

Pre Activity Health Questionnaire



BAYPOINT
SPORTS CLUB

Reason for usage (Sign up/Guest): _____

Sport being played: _____

Title: _____ First Name: _____ Surname: _____

Address: _____

Post Code: _____ Date of Birth: ____/____/____

Tel (Home): _____ Tel (Mobile): _____ Email: _____

Height: _____ Weight: _____

Emergency Contact Details

Next of Kin: _____ Contact Details: _____

What are your objectives? (Please circle as appropriate)

Lose Weight Tone up Strength Rehabilitation General Fitness Flexibility Relaxation Sport specific

Pre Exercise Screening Form (Please circle as appropriate)

- | | | |
|---|-----|----|
| 1. Have you had a recent operation / chronic illness / Injury? | Yes | No |
| 2. Do you have pain / limited movement in any joint or area that could be made worse by exercise? | Yes | No |
| 3. Do you know of any other reason why you should not do physical activity? | Yes | No |
| 4. Are you currently taking any medication? | Yes | No |
| 5. Do you have a history of heart problems? | Yes | No |
| 6. Do you have a history of respiratory problems, chest tightness or pains? E.g. Asthma | Yes | No |
| 7. Do you suffer from headaches / fainting / dizziness? | Yes | No |
| 8. Do you have diabetes? | Yes | No |
| 9. Do you have epilepsy? | Yes | No |
| 10. Are you pregnant / post-natal? | Yes | No |
| 11. Do you have high blood pressure? | Yes | No |

If you have answered **YES** to any of the questions above, please give details ...

If you have answered **YES** to any of the medical questions we would advise you to:

- Talk to your doctor about exercise before you start becoming much more physically active or before you have a fitness appraisal. Do tell your doctor about the questions you have answered **YES** to and follow their advice.
- You may be able to use BayPoint's facilities as long as you start to build up slowly and gradually, or you may need to restrict your activities to those which are safe for you.

If you have answered **NO** to all of the medical questions, you can be reasonably sure that you can:

- Start becoming more active – begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a fitness appraisal. This is an excellent way to determine your basic fitness so you can plan the best way for you to live actively.

Declaration

- I confirm I am not partaking in any activity against my doctors' advice.
- I agree to be bound by BayPoint rules and regulations whilst on the premises.
- I will only use fitness equipment that I am competent on, and acknowledge that I exercise at my own risk and within the bounds of my capabilities.

Signature: _____

Date: / /

Staff name: _____

Office Use Only

Induction Date		Instructors Action's / Notes	
Instructor Print			
Instructor Signature			