

Circle answers. If you don't know the answer to any question, please say Don't Know.

- 1. Do you have any heart condition? Yes/No
- 2. Have you ever had chest pains brought on by physical exercise? Yes/No
- 3. Have you suffered from chest pains in the last month? Yes/No
- 4. Do you have known high or low blood pressure? Yes/No
- 5. Do you have known high cholesterol? Yes/No
- 6. Have you ever suffered a major illness or had major surgery? Yes/No
- 7. Are you currently being treated for a bone, join , muscle problem that restricts you? Yes/No
- 8. Do you suffer from diabetes, asthma, epilepsy or any condition we need to be aware of? Yes/No
- 9. Are you pregnant? Yes/No
- 10. Are you currently suffering from any illnesses or injuries not mentioned above? Yes/No
- 11. Do you suffer from breathlessness when at rest or after slight exercise? Yes/No
- 12. Do you ever lose consciousness or lose balance due to chronic dizziness? Yes/No
- 13. Are you unaccustomed to regular exercise? Yes/No
- 14. Do you suffer from any allergies? Yes/No
- 15. Have any of your immediate family (parents or siblings) had a heart attack/stroke/cardiovascular disease? Yes/No
- 16. Have you ever taken part in any prescribed programmes? Yes/No
- 17. Can you swim? Yes/No

IF YOU HAVE ANSWERED YES TO QUESTIONS 1 - 16, we recommend that you discuss whether you should use the facilities with your GP before using the facilities. Please add relevant information on other side of this form.

___ I agree that all the information I have given is accurate to the best of my knowledge, and I declare that to the best of my knowledge, I and my children (under 16s staying at Red House with me) are safe to use the facilities at Red House Health Club, and I am responsible for the safety and behaviour of myself and my children(under 16s when staying at Red House with me).

___ I have read and agree to the Red House Health Club Safety Guidelines/Rules Rules .

Name and address _____

Signature _____ Date _____ Tel: _____

18. Emergency contact details

Name _____

Address _____

_____ Post Code _____

Tel: Home _____ Tel :Work _____

Relationship with contact _____

Please add any other relevant information.
