

2023. RED HOUSE HEALTH CLUB. MEDICAL INFORMATION . Name_____

Circle or tick if Over 16_____

Age if Under 16 _____

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, joint , 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. Are you feeling unwell or experiencing any symptoms of a contagious illness? | Yes/No |
| 17. Can you swim? | Yes/No |

IF YOU HAVE ANSWERED YES TO QUESTIONS 1 - 15, we recommend that you discuss whether you should use the facilities with your GP before using the facilities.

IF YOU HAVE ANSWERED YES TO QUESTION 16, or are feeling at all unwell, WAIT until you are fully recovered to use any of the Health Club facilities.

Please add relevant information on other side of this form.

18. Emergency contact details: Name_____

Address_____

_____ Post Code_____

Tel: Home_____ Tel :Work_____

Relationship with contact_____

__ 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 am 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 .

Name and address _____

_____ Post Code: _____

Signature _____ Date _____ Tel: _____

Mobile: _____ Email: _____

Any Other Relevant Information

While we will continue to monitor any government restrictions and guidelines (or lack of these), we want to keep the use of the Health Club as safe as possible. We reserve the right to change the above requirements and/or to close this facility at any time we deem there is risk to the health and safety of us or our users, or due to damage or misuse by guests/users.

Many thanks for helping us keep this facility safe, healthy, clean, and in use.

Tom & Sandra Spashett