



La Grande Mare Health Club pre-induction medical questionnaire

| | |
|----------------------|----------------------|
| Full name | Date of birth |
| <input type="text"/> | <input type="text"/> |
| Address | |
| <input type="text"/> | |
| <input type="text"/> | |
| Tel (home) | Tel (mobile) |
| <input type="text"/> | <input type="text"/> |
| Email | |
| <input type="text"/> | |

| Please tick Yes/No Box | Y | N |
|--|--------------------------|--------------------------|
| 1. Has a physician ever said you have a heart condition and you should only do physical activity recommended by a physician? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. When you do physical activity, do you feel pain in your chest? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. When you were not doing physical activity, have you had chest pain in the past month. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you ever lose consciousness or do you lose your balance because of dizziness. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have a joint or a bone problem that may be worse by a change in physical activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is a physician currently prescribing medications for your blood pressure or heart condition? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you pregnant? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have insulin dependent diabetes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are you 70 years of age or older and not used to being active? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you know of any other reason you should not exercise or increase your physical activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are you recovering from an illness or operation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do you suffer from atherosclerosis/arteriosclerosis? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Do you suffer from arthritis? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Do you suffer from asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Do you suffer from exercise- induced asthma? | <input type="checkbox"/> | <input type="checkbox"/> |

For more information call 259692 or
visit www.lagrandemare.com



La Grande Mare Health Club pre-induction medical questionnaire (continued)

| Please tick Yes/No Box | Y | N |
|--|--------------------------|--------------------------|
| 16. Do you suffer from Bronchitis? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Do you suffer from diabetes mellitus type? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Or diabetes non-insulin dependent? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Do you suffer from Hepatitis? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Do you suffer from Hypertension? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Do you suffer from Hypotension? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Do you suffer from meningitis? | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Do you suffer from Multiple Sclerosis? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Do you suffer from thyroid Problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Do you suffer from Epilepsy? | <input type="checkbox"/> | <input type="checkbox"/> |

If you have answered yes to any of the questions please can you give details.

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| | |
|----------------------|----------------------|
| Signature | Date |
| <input type="text"/> | <input type="text"/> |

** Persons using the gymnasium facilities do so entirely at their own risk. The management accept no responsibility for injuries, damage or loss however caused.*