SHANNON
COMMUNITY FITNESS

HEALTH & EXERCISE READINESS FORM

MEMBER DETAILS

Full Name	**Date of Birth**
Phone Number	**Email Address**
Address	
Emergency Contact	**Contact Number**

HEALTH SCREENING

Question	Yes	No
Are you currently taking any medication that may affect your ability to exercise safely?	□	□
Have you ever been diagnosed with a heart condition, heart disease or stroke?	□	□
Do you experience chest pain during physical activity or at rest?	□	□
Do you experience unexplained dizziness, fainting or loss of balance?	□	□
Have you been diagnosed with high blood pressure?	□	□
Do you have asthma or another respiratory/lung condition?	□	□
Do you have epilepsy or a history of seizures?	□	□
Have you been diagnosed with diabetes?	□	□
Do you have arthritis or another joint condition that may be affected by exercise?	□	□
Have you recently been diagnosed with a chronic medical condition?	□	□
Has a doctor or healthcare professional advised you to restrict or avoid exercise?	□	□
Are you currently pregnant, recently postpartum, or advised to modify physical activity due to pregnancy?	□	□
Is there any other health condition that may affect your ability to exercise safely?	□	□

If you answered YES to any question above, please provide details:

_____

_____

INJURIES / PHYSICAL LIMITATIONS

Do you currently have any injury, pain or physical limitation that may affect exercise? □ **Yes** □ **No**

If yes, please describe the area, condition and how long it has been present: _____

_____

GYM INDUCTION & TRAINING INFORMATION

Would you like a complimentary gym induction? □ **Yes** □ **No**

Training goals / anything you would like the trainer to know: _____

MEMBER DECLARATION

I confirm that the information provided above is accurate to the best of my knowledge. I understand that it is my responsibility to inform Shannon Community Fitness of any change in my health or medical condition that may affect my ability to exercise safely. I understand that I may be advised to seek medical clearance before participating in exercise where appropriate.

Member Signature: _____ **Date:** _____