

Name: _____ Date of Birth: ____ / ____ / ____ Membership ID: _____

HAVE YOU HAD, DO YOU HAVE OR ARE YOU?	YES	NO	If yes, give details & if cleared, date of clearance by Doctor
Gout, Stroke, Diabetes, Epilepsy, Hernia, Glandular Fever, Rheumatic Fever, Dizziness or Fainting			
Liver or Kidney condition			
Stomach or Duodenal ulcer			
Arthritis, Asthma, Cramps, Muscular Pain			
A smoker			
Dieting or fasting			
Are there any other conditions that would require you to modify your exercise program			
Any pain or major injuries to the neck, back, knees, ankles			
Are you on any prescribed medication. Please provide details.			
Chronic illnesses			
Are there any other conditions we should be aware of			

If any of the above conditions are applicable to you, please either obtain clearance from your Doctor to exercise prior to commencement, or sign below if the condition has already been cleared by your Doctor, or if you sign below you are prepared to take full responsibility for your condition.

Member Signature: _____ Date of Birth: ____ / ____ / ____

HAVE YOU HAD, DO YOU HAVE OR ARE YOU?	YES	NO	If yes, give details & if cleared, date of clearance by Doctor
Anyone in your family under 60 suffer heart disease, stroke, raised cholesterol or sudden death			
Male over 35 or female over 45 and not used to regular exercise			
Have you been hospitalised recently			
Any heart condition			
Pregnant			
Heart Murmur			
High blood pressure > 140/90			
Palpitations or pains in the chest			
Raised cholesterol / Triglycerides			

STATEMENT

I recognise that Active Health Club is not able to provide me with medical advice with regards to my medical fitness and this information is used as a guideline to the limitations of my exercise ability. I have answered the questions to the best of my ability and understand the advice above.

Member Signature: _____ Date of Birth: ____ / ____ / ____

Witnessed by an Active Team Member: Print Name: _____

Signed: _____ Time: _____ Date: _____

OFFICE USE ONLY

Form reviewed by a registered Fitness Australia Fitness Instructor?

YES ☐ NO ☐

Was this member contacted in regards to the answers above?

YES ☐ NO ☐

Active Team Member: _____

Signed: _____ Time: _____ Date: _____