HIB FITNESS
MEDICAL FORM

Please answer the following questions by ticking the correct response.

Member Name		**Date of Birth**	
Membership Type		**Date**	

1. Do you have a heart condition? ☐ Yes ☐ No

2. Is there a history of heart disease/stroke in your immediate family? ☐ Yes ☐ No

3. Have you ever experienced pain or tightness in your chest while exercising? ☐ Yes ☐ No

4. Do you have high blood pressure? ☐ Yes ☐ No

5. Do you have any form of chronic illness, e.g. diabetes, epilepsy? ☐ Yes ☐ No

6. Do you suffer from asthma? ☐ Yes ☐ No

7. Have you ever experienced fainting or dizzy spells during exercise? ☐ Yes ☐ No

8. Do you have any muscle, joint or back problem that could be aggravated by exercise? ☐ Yes ☐ No

If yes, please give details: _____

_____

9. Are you taking any prescribed medication that could affect you in any way during exercise? ☐ Yes ☐ No

If yes, please give details: _____

_____

10. Have you had any surgery within the last four months? ☐ Yes ☐ No

11. Are you or have you been pregnant within the last four months? ☐ Yes ☐ No

12. Do you have a hernia or any other condition which may be aggravated by lifting weights? ☐ Yes ☐ No

13. Do you have any other condition which could limit your exercise programme? ☐ Yes ☐ No

If yes, please give details: _____

_____

14. Do you smoke? ☐ Yes ☐ No

If yes, how many? _____

15. Do you regularly drink more alcohol than the recommended weekly allowance, i.e. 14 units for a woman and 21 units for a man? ☐ Yes ☐ No

16. Do you exercise regularly? ☐ Yes ☐ No

If yes, describe how often and what type: _____

_____

17. Have you ever had an injury while exercising? ☐ Yes ☐ No

If yes, please give details: _____

_____

18. Does your doctor know that you are participating in a fitness programme? ☐ Yes ☐ No

DECLARATION

I have read this form in its entirety and I hereby certify that to the best of my knowledge I am medically and physically capable of using the facilities of the Hibernian Health & Leisure Centre. I further acknowledge that training and instruction is available and has been offered to me in respect of each and every apparatus. I agree to discharge and hold harmless the Hibernian Health & Leisure Centre, its servants and agents from any and all liability arising out of accident, injury or loss

sustained by me as a direct result of the withholding of any relevant medical information which I knew, or ought to have known should have been brought to the attention of the club.

MEMBER	INSTRUCTOR
Name: _____	Name: _____
Signature: _____	Signature: _____
Date: _____	Date: _____

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