

# GYM Questionnaire



Name \_\_\_\_\_ Date \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_

Email \_\_\_\_\_

Gender  Male  Female

Emergency contact and contact phone number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

What are your normal hours of work? \_\_\_\_\_

Will you be attending the Health & Fitness Centre  Before work  After work  Both

Do you or have you ever suffered from the following? (If answered "yes", please provide details below)

Heart trouble	YES	NO	
Chest pain	YES	NO	
Palpitation or irregular heart beats	YES	NO	
High blood pressure	YES	NO	
Dizziness or fainting	YES	NO	
High Cholesterol	YES	NO	
Diabetes	YES	NO	
Asthma	YES	NO	
Back Pain	YES	NO	
Major injury/surgery required	YES	NO	
Any other medical condition(s) that may affect your exercise programme?	YES	NO	

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**Are you currently taking any medications?**

Yes (Please list medications and reasons for usage below)       No

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**Please indicate the health history of your family (in particular heart disease, stroke or high blood pressure).**

Father \_\_\_\_\_

Mother \_\_\_\_\_

Siblings \_\_\_\_\_

Grandparent/s \_\_\_\_\_

**Are you currently involved in a regular fitness program?**     Yes    What type and how often?     No

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**How would you rate the intensity of exertion when you are exercising?**     High     Medium     Low

**Please list the goals you would like to achieve as a result of being a member of the Gateway 241 Fitness Centre**

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**Please list any comments you may have regarding your exercise programme**

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