

## GymNation Health Questionnaire

The GymNation Health Questionnaire will give you an understanding of your health status, whether you can begin training straight away, or whether you should consult a G.P before you commence an exercise programme. **All information is STRICTLY confidential and will only be used in case of an emergency.**

First Name..... Surname.....

Address:.....

.....Postcode..... Contact number:.....

Date of birth-..... Male/Female

Ethnic origin .....

Emergency contact name and number:

.....

Have you been inactive for the past 12 months?

Yes no

Has a blood relative suffered from heart disease?

Yes no

Do you have elevated cholesterol levels?

Yes no

Are you a Type II diabetic?

Yes no

Do you have high blood pressure?

Yes no

Do you have a heart condition?

Yes no

Have you ever experienced chest pains when exercising?

Yes no

Have you ever experienced chest pains when NOT exercising?

Yes no

Do you feel dizzy / lose your balance / ever lost consciousness?

Yes no

Do you suffer from any joint problems?

Yes no

Do you take any prescribed drugs for health reasons?

Yes no

If you have answered **Yes** to any of the above then please give a brief description and consult with your G.P before starting any exercise.