

Health Declaration for People requesting to Exercise in the Gym

Name : _____ ID : _____

Age: _____

Please read the following questions thoroughly, and follow the instructions:

- A. If the answer to one or more of the questions in part one of this questionnaire is positive, then, in order to be accepted to the gym, you must provide a medical certificate from a doctor who confirms that your health is not endangered by exercising in the gym. The gym will only accept such a certificate if presented within three months of date of issue.
- B. If all the answers to the questions in part one of this questionnaire are negative – complete the declaration in part two of this questionnaire, and sign it.
- C. In any event of change in your medical condition, you must consult with a doctor concerning future use of the gym.

Part One : Medical Questionnaire

Question	Yes	No
1. Has your physician advised you that you suffer from a heart condition?		
2. Do you feel pains in your chest -		
A. While resting?		
B. During regular day-to-day activity?		
C. During exercise?		
3. Have you during the last year-		
A. Lost your balance as a result of dizziness? Write no – if the dizziness is a result of hyperventilation (including during vigorous exercise)		
B. Lost consciousness?		
4. Has your physician diagnosed asthma, and as a result in the last three months-		
A. You have required medicine?		
B. You have suffered from shortness of breath, or wheezing?		
5. Has a close relative died -		
A. From heart disease?		
B. From sudden death at an early age? (For men before 55, women before 65)?		
6. Has your physician told you in the last five years only to undertake physical activity under		
7. Do you suffer from any long-term/chronic condition, which is not mentioned in the previous		
8. For pregnant women: Has this, or any previous, pregnancy been diagnosed as high risk		

Part Two: Declaration

I, the undersigned, hereby declare that I have read and understood the medical questionnaire in Part One, and that all the answers to all the questions are negative: I declare that I have given full and correct information about my past and present medical condition, in the questions that I was asked in the above questionnaire.

I am aware that two years after signing this medical declaration, I shall be required to produce a new health declaration.

Name : _____

Signature: _____ Date: