

# PRE-EXERCISE QUESTIONNAIRE

Please complete the following questionnaire before participating in any physical activity. We recommend that anyone engaging in a new fitness program consult their doctor before doing so.

All information will be treated as confidential and will be collected, used and retained to assess your general health and wellbeing. We may require you to obtain a medical certificate before we consider your application further.

## 1. Personal Details:

Status:	<input type="checkbox"/> Member	<input type="checkbox"/> Member Guest	<input type="checkbox"/> Casual Visitor	DOB:	<input type="text"/>
Given Name:	<input type="text"/>			Contact Number:	<input type="text"/>
Surname:	<input type="text"/>			Email address:	<input type="text"/>
Emergency Contact Name :	<input type="text"/>			Emergency Contact PH :	<input type="text"/>
Club Location:	<input type="checkbox"/> Prahran <input type="checkbox"/> Emporium Melbourne				

## 2. Please read the following carefully. If you do not understand it or have any other questions about this form, please ask a member of Kaya team member before you sign.

1. Has a doctor ever said that you have a heart condition and recommended only medically supervised activity? ☐ Yes ☐ No
2. Do you have any chest pain brought on by physical activity? ☐ Yes ☐ No
3. Have you developed chest pain in the last month? ☐ Yes ☐ No
4. Have you on one or more occasions lost consciousness or fallen over as a result of dizziness? ☐ Yes ☐ No
5. Do you have a bone or joint problem that could be aggravated by the proposed physical activity? ☐ Yes ☐ No
6. Has a doctor ever recommended medication for your blood pressure or a heart condition? ☐ Yes ☐ No
7. Are you aware, through your own experience or a doctor's advice, of any other physical reason that would prohibit you from exercising without medical supervision? ☐ Yes ☐ No
8. Are you currently pregnant or have given birth in the last 8 weeks? ☐ Yes ☐ No
9. Please give details of any other permanent medical condition you may have that may affect your ability to exercise or use this club safely. *(A medical clearance from your treating practitioner will be required).*

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## 3. Conditions

I hereby state that I have read, understood and answered honestly the questions and that any statements made by me in answering the Pre-Exercise Questionnaire are true and accurate. I also state that I wish to participate in activities which may include gymnasium exercise (aerobic and resistance). I realise that my participation in these activities involves the risk of injury and even the possibility of death. Furthermore, I hereby confirm that I am voluntarily engaging in an acceptable level of exercise given my knowledge of my health and taking into account any medical advice I have received.

I understand and agree that Kaya Health Clubs may reject my application to use the club as a result of information provided in this questionnaire, any medical certificate I provide or if Kaya Health Clubs has reasonable grounds for believing that engaging in physical activity may be harmful to my health or safety.

We may retain this Pre-Exercise Questionnaire and the information contained in it for a reasonable length of time for the sole purposes of maintaining complete records of pre-activity applications, verifying previous health/medical history and for assessing any future application for membership by you.

You have the right to access the personal information we have collected about you and it is your responsibility to update this information if it is no longer accurate. To do so, please contact Kaya Health Clubs on 03 9090 1000 or via email at [info@kayahc.com.au](mailto:info@kayahc.com.au).

Signature	Date
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Legal guardian / parent signature if under 18yrs of age	Date
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On behalf of Kaya