



**DICKY BEACH GYM PRE-ACTIVITY QUESTIONNAIRE
TEMPLATE No. 018**

Name of Gym User: _____

Have you undertaken an exercise program before? Yes No

Are you pregnant? Yes No

Please tick if you are currently affected (or have been previously) by any of the following conditions?

<input type="checkbox"/> Asthma	<input type="checkbox"/> High Cholesterol	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Hernia	<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Arthritis
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Stroke	<input type="checkbox"/> Muscular Injury
<input type="checkbox"/> Blood Disorders	<input type="checkbox"/> Respiratory Disorders	<input type="checkbox"/> Skeletal Injury
<input type="checkbox"/> Back Problems	<input type="checkbox"/> High/Low Blood Pressure	<input type="checkbox"/> Other

If you answered "Yes" or "other" please give details:

Please list any current medication (and what it's used for)

Are you allergic to any substances? Yes No *If "Yes", please comment*

Do you have any further information regarding your medical condition or exercise history that may be important? Yes No *If "Yes" please Comment:*

The information I have provided is true to the best of my knowledge.

I understand that I should seek a doctor's advice if I have a medical condition that may affect my exercise program, if I lead a sedentary lifestyle or am over 40 years old.

I understand that I will require a doctor's clearance before continuing with using the gym. I agree to inform Surf Life Saving Australia if any conditions change.

Gym User Signature: _____ Date: _____

Signature of Instructor: _____ Date: _____

Notes: