Inspire NET
SQUASH GYM
PALMERSTON NORTH

Pre - Exercise Screening Form

1. PERSONAL DETAILS

Full Name: ____________________

Address: ____________________

Phone: (H) __________ (W) __________ (M) __________

D.O.B: __________ Age: __________

Emergency Contact: __________ Phone: __________

Occupation: __________ Company/Business Name: __________

2. MEDICAL CONSIDERATIONS

It is simply our professional duty to ask all participants, no matter what age, to complete the following questions.

Simply place a ✔ in the box to indicate yes

Has a family member, under 60, suffered from heart disease, stroke, raised cholesterol or sudden death? ❑

Are you a male over 35 or female over 45 and NOT used to regular vigorous exercise? ❑

Are you on any prescribed medication? ❑

Have you been hospitalised recently? ❑

Are you pregnant? ❑

Have you given birth in the last 6 weeks? ❑

Do you have any infectious diseases? ❑

Do you have or have you had:

Gout	❑	Glandular Fever	❑	Any heart condition	❑
Stroke	❑	Rheumatic fever	❑	Heart Murmur	❑
Diabetes	❑	Dizziness or Fainting	❑	High Blood Pressure (over 140/90)	❑
Epilepsy	❑	Stomach/Duodenal Ulcer	❑	Palpitations or Pains in the Chest	❑
Hernia	❑	Liver or Kidney Condition	❑	Raisded Cholesterol/Triglycerides	❑
Asthma	❑	Arthritis	❑	Muscular Pain	❑
Cramps	❑	Shortness of breath	❑	Sports related injuries	❑

Do you have any Pain or Major Injuries in the following areas:

Neck ❑

Knees ❑

Back ❑

Ankles ❑

Please give details of any conditions: ____________________

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____

If you have ticked any of the above, you may need a signed medical clearance from your doctor before starting exercise.

Doctors Clearance: ____________________ Date: __/__/__

OR

I warrant that I am physically and mentally well enough to proceed with the usage of the facility.

Client self clearance of the above conditions: ____________________ Date: __/__/__

3. LIFESTYLE

Do you consider your diet to be: Good ❑ Adequte/Appropriate ❑ Poor ❑

How do you rate your stress level? High ❑ Moderate ❑ Low ❑

Do you smoke? Yes ❑ No ❑ How many per day?

Are you leading a sedentary lifestyle? Yes ❑ No ❑

4. EXERCISE BACKGROUND

Have you had any previous Gym experience? Yes ❑ No ❑

How long since you have participated in regular exercise? (maintaining an elevated heart rate for at least 30min three times/week)

> 12 months **< 12 months > 6 months** **< 6 months > 3 months** **< 3 months** **Currently exercising**

What activities outside the gym do you currently or in the near future participate in? ____________

____

5. GOALS & OBJECTIVES

What do you want to achieve from your exercise? (tick all that apply)

Fat Loss	❑	Build muscle mass	❑
Increase fitness	❑	Sports related	❑
Toning	❑	Rehabilitation	❑
Other	❑		

Please specify: ____________

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How many times per week do plan to work out? ____________

How long would you like your Gym session to be? ____________

Would you be interested in have regular person training sessions? Yes ❑ No ❑

Would you be interested in supplements? Fat loss ❑ Protein ❑ Other ❑

Please specify: ____________

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Do you have any other questions, comments or concerns? ____________

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