

Phone: _____

Address: _____

Emergency contact: _____

Emergency contact phone: _____

Name: _____

Email: _____

Date of birth: _____

	YES	NO	If yes, give details and if cleared, date of clearance by Doctor
Liver or Kidney condition			
Stomach or Duodenal Ulcer			
Arthritis, Asthma, Cramps, Muscular Pain			
A smoker			
Dieting or fasting			
Are there any other conditions that would require you to modify your exercise program			
Any pain or major injuries to the neck, back, knees, ankles			
Are you on any prescribed medication; please provide details			
Chronic illnesses			
Are there any other conditions we should be aware of			
If any of the above conditions are applicable to you, please either obtain clearance from your Doctor to exercise prior to commencement, or sign below if the condition has already been cleared by your Doctor. If you sign below you are prepared to take full responsibility for your condition.			
Anyone in your family under 60 suffer heart disease, stroke, raised cholesterol or sudden death			
Male over 35 or female over 45 and not used to regular exercise			
Have you been hospitalised recently			
Any heart condition			
Pregnant			
Heart Murmur			
High blood pressure > 140/90			
Palpitations or pains in the chest			

STATEMENT

I recognise that Southern Cross University Fitness Centre & Pool is not able to provide me with medical advice with regards to my medical fitness and this information is used as a guideline to the limitations of my exercise ability. I have answered the questions to the best of my ability and understand the advice above.

Member Signature: _____

Date: _____

Print Name: _____

Witnessed by a Team Member: _____

Time: _____

Date: _____

PRIVACY AND PERSONAL INFORMATION

Southern Cross University Fitness Centre & Pool is requesting your personal information so that we can:

•Use this information in case of an emergency.

Signature: _____

Date: _____