

FZ02 Induction Health Check Questionnaire



This gym induction will include a tour of the facilities, brief explanation of the equipment and safe use with health & safety information. Use of the equipment is at your own risk, always stop and seek assistance if you feel unwell, and then seek medical advice should problems arise. Please make sure you read and understand the customer code of conduct.

1 Personal details

Name: _____ D.O.B. _____

Score card No: _____

2. Health questions

- 1. Do you suffer from any medical condition? Yes / No
- 2. Have you had any significant surgery or sustained a serious injury? Yes / No
- 3. Have you ever had heart trouble or chest pains? Yes / No
- 4. Are you taking any medication? Yes / No
- 5. Have you ever suffered from high or low blood pressure? Yes / No
- 6. Do you suffer from headaches, dizzy or fainting spells, or fits? Yes / No
- 7. Do you suffer from any joint problems or back pain Yes / No
- 8. Are you or have you been pregnant in the last 6 months Yes / No
- 9. Are you aware of any other reason which may affect your ability to exercise? Yes / No

For any 'Yes' answers please give details below:

*You may be asked to complete section 4. Medical authorization

3. Declaration

The procedure and aims of the induction have been explained to me and I understand what is expected of me. I am free from any known medical condition that may be aggravated by the physical exertion required. I understand and accept that there may be risks associated with physical activity. I will adhere to the guidance within the customer code of conduct.

Signature: _____ Date: _____

Data protection

The information on this form will be used for this induction and any exercise program you may be given. Personal data that you provide to us will be processed in accordance with the Data Protection Act 2018, the Data Protection (Application of GDPR) Order 2018 and associated legislation. Information you provide will be held on computer by the Isle of Man Government and used for administration purposes. For further information you can view our Privacy Policy at msr.gov.im/privacy-policy.

4. Medical authorization

To be completed by GP or specialist

Is this person fit for physical activity?

Yes / No

Please provide medical advice on the health condition/s outlined in section 2 of this form. Please include any recommendations or limitations for exercise.

Name:

Surgery / Practice:

Signature:

Stamp:

Medical authorization waiver

I understand that I have been referred to my GP / specialist in relation to the health condition/s outlined in section 2.

I am aware of my limitations and I will commence exercising at my own risk. The conditions above will not be aggravated by the physical activity carried out in the National Sports Centre and I will not hold the National Sports Centre or its staff responsible for any injuries sustained during normal activity.

Signature:

Date:

Office use only

Induction Complete:

Referred to GP:

Advice Given:

Induction Recorded on Plus 2

Staff name:

Signature:

Date: