

YMCA FITNESS HEALTH QUESTIONNAIRE

Name:..... Date of Birth:(Age.....)

Address:..... Height: Weight:

.....

..... B.P: Heart rate: b.p.m

BMI:

Tel:)

Body Mass Index: Weight kg /Height Metres

Sq.

e.g $\frac{65\text{kg}}{(1.6 \times 1.6)} = 25 \text{ BMI}$

(-18.5 Underweight, 18.5 - 24.9 Normal, 25 - 29.9

Overweight, 30+ Obese

- For most people physical activity should not pose any problem or hazard. This health questionnaire has been designed to identify the small number for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.
- Common sense is your best guide in answering these few questions. Please read them carefully and check them YES/NO opposite the question that applies to you. *Details will be noted overleaf.*

Please ✓ tick			Please ✓ tick		
	YES	NO		YES	NO
1 - Have you had surgery in the past 12months?			8 - Are you pregnant or have you recently given birth?		
2 - Chest pains?			9 - Bone or joint or Muscle type problems?		
3 - Severe headaches or Dizziness?			10 - Any current injuries?		
4 - Back pain?			11 - Heart Problems?		
5 - High/Low Blood Pressure?			12 - Are you on any medication?		
6 - Asthma? Do you suffer from attacks?			13 - Is there any good reason not mentioned here why you should not follow a graduated exercise programme?		
7 - Epilepsy/Diabetes					

What exercise are you currently undertaking?

What are your aims/Goals?

Please supply details if you have answered YES to any of the questions on the previous page:-

PTO

QNo.	Description	Details of any Medication

DECLARATION

I confirm that the information above is correct. I agree to inform an instructor in the event that the answer to any of the above questions should change. I also agree to use only the equipment which has been demonstrated to me by an instructor and will seek advice about the use of any equipment where I am unclear about its safe use. I understand that the YMCA and its employees will not accept liability for injury caused to me where such injury is the result of my failure to use the equipment properly; my failure to seek advice about the proper use of the equipment; or my failure to inform YMCA of my actual health status; or otherwise as a result of my or a third party's negligence.

Print Name:_____ **Signature:**_____ **Date:**_____
(To be signed by Parent/Guardian over 18yrs old)

Print Name:_____ **Signature:**_____ **Date:**_____
(Instructor)

If you are under 18 years of age we require permission from a parent/guardian for you to use our facilities:

Print Name:_____ **Signature:**_____ **Date:**_____

Relation_____

EMERGENCY CONTACT INFORMATION

NAME

CONTACT NUMBER