

**PRE EXERCISE INDUCTION**



**Personal Details**

Name \_\_\_\_\_ Sex M/F Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_ Age \_\_\_\_\_

Doctor/Health Centre \_\_\_\_\_ Membership Number \_\_\_\_\_

**Health Profile** (tick as applicable)

	Yes	No	Comments
Do you have any muscle, bone or joint injury?			
Do you smoke? If yes, how many per day?			
Do you take any medication that may affect exercise?			
Have you had any recent illness/operations?			
Have you any heart disease/high blood pressure?			
Have you had chest pains/bronchitis?			
Do you suffer from asthma/diabetes/epilepsy?			
Do you suffer from back pain/arthritis?			
Do you suffer from migraines/fainting spells?			
Are you, or have you recently been pregnant?			
Are there any other conditions you know of which may affect your use of the gym?			

**Personal consent for exercise and subsequent exercises conducted in the Northern Lawn Tennis Club Ltd's fitness facilities:-**

I declare that to my knowledge, the information above is correct and that I know of no reason why I should not participate in an exercise programme. I understand that I take part in this induction and any subsequent exercise recommended for me entirely at my own risk. I further more waive all legal recourse for myself or property, arising from my participation in this or any subsequent induction, assessment and exercise.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

<b>Instructor Use Only</b>	
Questionnaire completed date _____	Instructor _____
Induction completed date _____	Instructor _____
Assessment completed date _____	Instructor _____
<b>Comments</b>	