

This form should be completed within two weeks of joining the BoddFit Community Gym. The information will be retained confidentially for the health and safety of members using the BoddFit Community Gym. The Shire of Boddington reserves the right to refuse membership if this form is not completed.

PERSONAL DETAILS

Full Name _____ **Date of Birth** _____

Contact Number _____ **Gender** _____

PART 1 – MEDICAL CONSIDERATIONS

Yes **No**

1. Has your GP/Medical Practitioner ever told you that you have a heart condition, or have you ever suffered a stroke?
2. Do you ever experience unexplained pains or discomforts in your chest during physical activity or exercise?
3. Do you ever feel faint, dizzy, or lose balance during physical activity/exercise?
4. Have you had an asthma attack requiring immediate medical attention at any time over the past 12 months?
5. If you have diabetes (type 1 or 2) have you had any trouble controlling your blood sugar (glucose) in the past 3 months?
6. Do you have any conditions that may require special consideration for you to exercise?

If you answered yes to any of the above questions, please seek guidance from your GP or appropriate allied health professional prior to undertaking exercise.

Describe your current physical activity/exercise levels in a typical week by stating the frequency and duration at the different intensities.

Intensity	Light	Moderate	Vigorous
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Frequency
(number of sessions per week)

Duration
(total minutes per week)

Weighted physical activity/exercise per week

Total minutes = (minutes of light + moderate) + (2 x minutes of vigorous/high)

TOTAL = _____ minutes per week

- If your total is less than 150 minutes per week then light to moderate intensity exercise is recommended. Increase your volume and intensity slowly.
- If your total is more than or equal to 150 minutes per week then continue with your current physical activity/exercise intensity levels.
- It is advised that you discuss any progression (volume, intensity, duration, and modality) with an exercise professional to optimise your results.

PART 2 – STATEMENT OF INFORMED CONSENT

Please read the following carefully. I agree and consent to the following:

- I am voluntarily participating in the BoddFit Community Gym and I am aware and understand the risk of physical injury occurring.
- I understand that it is my responsibility to consult with a medical professional prior to and regarding use of BoddFit Community Gym.
- I represent and warrant that I have no medical conditions that would prevent my use of BoddFit Community Gym.
- I agree to assume full responsibility for any risks, injuries or damage known or unknown which I might incur as a result of using BoddFit Community Gym.
- I knowingly and voluntarily waive any claim I may have for injury/damages that I may sustain as a result of using BoddFit Community Gym.
- I have read and agree to all the above stated terms and conditions, waiver and release or liability and understand its contents.

Statement

I believe that to the best of my knowledge, all of the information I have supplied within this screening tool is correct. I understand my details will be shared with the Personal Trainer undertaking my induction.

Member Signature

Date