



La Grande Mare Health Club pre-induction medical questionnaire

Full name

Date of birth

Address

Tel (home)

Tel (mobile)

Email

Please tick Yes/No Box

Y

N

- | | | |
|--|--------------------------|--------------------------|
| 1. Has a physician ever said you have a heart condition and you should only do physical activity recommended by a physician? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. When you do physical activity, do you feel pain in your chest? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. When you were not doing physical activity, have you had chest pain in the past month. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you ever lose consciousness or do you lose your balance because of dizziness. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have a joint or a bone problem that may be worse by a change in physical activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is a physician currently prescribing medications for your blood pressure or heart condition? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you pregnant? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have insulin dependent diabetes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are you 70 years of age or older and not used to being active? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you know of any other reason you should not exercise or increase your physical activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are you recovering from an illness or operation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do you suffer from atherosclerosis/arteriosclerosis? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Do you suffer from arthritis? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Do you suffer from asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Do you suffer from exercise- induced asthma? | <input type="checkbox"/> | <input type="checkbox"/> |

For more information call 259692 or
visit www.lagrandemare.com

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La Grande Mare Health Club pre-induction medical questionnaire (*continued*)

Please tick Yes/No Box

Y N

16. Do you suffer from Bronchitis?

17. Do you suffer from diabetes mellitus type?

18. Or diabetes non-insulin dependent?

19. Do you suffer from Hepatitis?

20. Do you suffer from Hypertension?

21. Do you suffer from Hypotension?

22. Do you suffer from meningitis?

23. Do you suffer from Multiple Sclerosis?

24. Do you suffer from thyroid Problems?

25. Do you suffer from Epilepsy?

If you have answered yes to any of the questions please can you give details.

Signature

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Date

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** Persons using the gymnasium facilities do so entirely at their own risk. The management accept no responsibility for injuries, damage or loss however caused.*

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