



## New Member Screening Form

### General Information (please complete in full):

Name: .....	Date of Birth: .....
Address: .....	Occupation: .....
.....	Home Telephone: .....
.....	Mobile Telephone: .....
Postcode: .....	Email Address: .....
.....	.....

### How did you hear about us? (please tick all applicable):

Friend: <input type="checkbox"/>	Advert: <input type="checkbox"/>	Other: <input type="checkbox"/>
Leaflet: <input type="checkbox"/>	Web Search: <input type="checkbox"/>	.....
Poster: <input type="checkbox"/>	Social Media: <input type="checkbox"/>	.....

### Please click the relevant box if you answer 'YES' to any of the following or tick 'NONE' here:

Have you ever been diagnosed with:	Any pain or limited movement in:	Do you have any special needs or other conditions that may affect participation in weight management or exercise: <input type="checkbox"/>
Heart disease: <input type="checkbox"/>	Knee: <input type="checkbox"/>	Hip: <input type="checkbox"/>
Blood pressure: <input type="checkbox"/>	Neck/back: <input type="checkbox"/>	Other: <input type="checkbox"/>
Any other Cardiovascular issues: <input type="checkbox"/>	Pregnant in the last 3 months:	Yes: <input type="checkbox"/>
Diabetes: <input type="checkbox"/>	Yes: <input type="checkbox"/>	.....
Asthma: <input type="checkbox"/>	Will exercising in a class be new to you:	.....
Epilepsy: <input type="checkbox"/>	Yes: <input type="checkbox"/>	.....
Are you prone to:	Do you have any known allergies:	.....
Headaches: <input type="checkbox"/>	Yes: <input type="checkbox"/>	.....
Faithing: <input type="checkbox"/>	Are you taking any medications:	.....
Dizziness: <input type="checkbox"/>	Yes: <input type="checkbox"/>	.....
Have you ever suffered from:	.....	.....
Accountable chest pain: <input type="checkbox"/>	.....	.....
Unaccountable chest pain: <input type="checkbox"/>	.....	.....

**Assumption of Risk:** I hereby state that I have read and answered honestly the questions above. I also state that I wish to participate in activities, which may include aerobic exercise, resistance exercise and stretching. I realise that my participation in these activities involve the risk of injury and even the possibility of death. Furthermore, I hereby confirm that I am voluntarily engaging in and acceptable level of exercise, which has been recommended to me. Should I attend a class led by another instructor I accept responsibility for informing them of, and keeping my instructor updated of any changes to my medical condition. Additional Note: I have taken medical advice and my doctor has agreed that I should exercise.

Member Signature: .....

.....

Date: .....

