Medical Questionnaire

NAME:……. DATE OF BIRTH:……/…../……..

AGE:……. PHONE No:……. GENDER: M F

EMAIL ADDRESS:.....

GENERAL PRACTITIONER: Name:……..

Address/Medical Centre:……

Phone/Fax No:……

Does your G.P. know that you are intending to participate in an exercise program? Yes No

EMERGENCY CONTACT: Name:…….

Phone No:…… Relationship:……

MEDICAL SCREENING:

Please circle YES if you suffer from, or have suffered from, any of the following conditions:

***If you circle yes for one or more of the following conditions, you may be required to get permission from your GP before beginning and exercise program.**

Heart Problems/CVD?	Yes	No	Any immediate family history of heart problems/CVD	Yes	No
Chest pain/angina?	Yes	No	Dizziness/loss of consciousness	Yes	No
High blood pressure	Yes	No	High blood cholesterol level	Yes	No
Diabetes?	Yes	No	Thyroid problems	Yes	No
Epilepsy?	Yes	No	Asthma?	Yes	No
Arthritis/Osteoporosis?	Yes	No	Hernia?	Yes	No
Other joint/muscular problems?	Yes	No	Back/neck pain/problems?	Yes	No
Pelvic floor dysfunction?	Yes	No	Any other illness/disease?	Yes	No

Please provide extra information where necessary: ……...

……

DO YOU HAVE A CURRENT INJURY? YES NO ……

Aggravates:……

Eases: ……

ARE YOU ON ANY MEDICATION? YES NO ……

ARE YOU PREGNANT? YES NO ……

HAVE YOU HAD ANY CHILDREN? YES NO ……

DO YOU SMOKE? YES NO ……

HAVE YOU UNDERGONE MAJOR SURGERY? YES NO……..

WHAT MEDICAL AID ARE YOU ON?.....

WHO DO YOU BANK WITH?.....

HOW DID YOU HEAR ABOUT US?

☐ Social Media ☐ Promotion ☐ Radio ☐ Website ☐ Email ☐ Referral ☐ Print Media

WAIVER

I, _____ have enrolled in a gym exercise program including, but not limited to, traditional aerobics and group fitness classes, weight training and the use of various equipment and machinery offered by Innovate HPC.

I hereby affirm that I am in good physical condition and do not suffer from any disability that would prevent or limit my participation in this exercise program.
I fully understand that I may injure myself as a result of my participation in physical activity at Innovate HPC.

I, _____ hereby release Innovate HPC from liability now or in the future, including, but not limited to, heart attacks, muscle strains, pulls or tears, broken bones, and any other illness, soreness or injury, however caused, occurring during or after my participation in the exercise program.

Innovate HPC: Individual Membership Contract

I, _____ do hereby agree:
(FULL NAME)

a. that I have committed to a ☐ 3 month or ☐ rolling membership contract with Innovate HPC effective from ...../...../.....

b. that I have read and fully understood the membership contract conditions as set out below and I have appended my initials to each contract clause

c. to abide by these conditions for the full duration of the membership contract

Membership Contract Conditions	INITIAL
1. Fees to be paid monthly for the contract period (irrespective of attendance)	
2. Fee payments made more than 7 days after due date will incur a late payment fee	
3. If in arrears, all outstanding payments must be settled before one can rejoin or renew the contract	
4. Canceling a contract before completion will result in the following fee: One month's notice payment plus 10% of the outstanding balance of the contract	
5. Renewal of a contract after a lapse of the calendar month or more incurs a renewal fee	
6. I have read and understood the Terms and Conditions of the contract	
7. I will abide by the Rules and Regulations of Innovate HPC as shown at reception	

....
Signed Date Signed on Behalf of Innovate HPC

For Official Use Only:

Receipt #: ☐ Date: ☐ Amount + Joining $: ☐ Monthly $: ☐