



The Gym @ Old Mutual
 “Operated by the Sport Science Institute of South Africa”
Preliminary Health Screen



MEMBERSHIP NO:		DATE:	
FIRST NAME:		SURNAME:	
DATE OF BIRTH:		TEL:	
EMAIL ADDRESS:			
WHERE DID YOU HEAR ABOUT THE GYM?			

- | | |
|--|-------|
| 1. Have you ever had a heart attack or has your Doctor ever said you have a heart condition?
(Medical clearance required from Doctor or Specialist) | Y / N |
| 2. Are you pregnant ?
(Medical clearance required from Doctor or Specialist) | Y / N |
| 3. Have you had a recent illness (in the last 8 weeks) requiring medication for longer than 2 weeks , hospitalisation or surgical procedure?
(Medical clearance required from Doctor or Specialist) | Y / N |

RISK FACTORS

- | | |
|---|----------------|
| 1. Are you 40 years or older (male)
50 years or older (female)? | Y / N
Y / N |
| 2. Are you currently sedentary in your job and in your lifestyle? | Y / N |
| 3. Are you currently taking, or have you ever been on, medication for high blood pressure , or has your Doctor ever told you that you have high blood pressure? | Y / N
Y / N |
| 4. Are you currently taking medication for Diabetes control or control of blood sugar , or has your Doctor ever told you that you have Diabetes? | Y / N
Y / N |
| 5. Do you smoke , or have you stopped smoking in the last three months? | Y / N |
| 6. Have you ever been told that your have elevated cholesterol or blood fat levels ?
Has anyone in your family been diagnosed with genetically high level of cholesterol? | Y / N
Y / N |
| 7. Has any person in your family had a heart attack or suffered sudden death prior to the age of 55 years (male)?
and 65 years (female)? | Y / N
Y / N |
| 8. Do you have any other condition , which may limit your ability to take part in an exercise program?
(i.e. Osteoporosis or Orthopaedic problems)_____ | Y / N |

IF YOU HAVE ANSWERED YES TO TWO OR MORE OF THE ABOVE QUESTIONS YOU MAY BE REQUIRED TO SEEK MEDICAL CLEARANCE PRIOR TO EXERCISE.

I ACKNOWLEDGE THAT I HAVE COMPLETED THE PRELIMINARY HEALTH SCREEN ACCURATELY AND FULLY UNDERSTAND THE RECOMMENDATIONS THAT HAVE BEEN MADE.

Client signature: _____

Date: _____