

**PERSONAL DETAILS**

First Name	Surname
Date of Birth / /	E-mail
Mobile	

**STAFF DETAILS - SIGHTED BY UNIGYM STAFF**

Staff ID Number

**HEALTH DETAILS**

- Has your doctor ever told you that you have a heart condition or have you ever suffered a stroke? Yes  No
- Do you ever experience unexplained pains in your chest at rest or during physical activity/exercise? Yes  No
- Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance? Yes  No
- Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months? Yes  No
- If you have diabetes (type I or type II) have you had trouble controlling your blood glucose in the last 3 months? Yes  No
- Do you have any diagnosed muscle, bone or joint problems that you have been told could be made worse by participating in physical activity/exercise? Yes  No
- Do you have any other medical condition(s) that may make it dangerous for you to participate in physical activity/exercise? Yes  No

**IF YOU ANSWERED 'YES' to any of the 7 questions, please seek guidance from your GP or appropriate allied health professional prior to undertaking physical activity/exercise**

- Do you wish to view our induction video, demonstrating the safe use of Unigym equipment, emergency exits and procedures (this is **highly recommended** for first time visitors of Unigym, regardless of gym/fitness experience)? Yes  No

This screening tool does not provide advice on a particular matter, nor does it substitute for advice from an appropriately qualified medical professional. No warranty of safety should result from its use. The screening system in no way guarantees against injury or death. No responsibility or liability whatsoever can be accepted by Exercise and Sports Science Australia, Fitness Australia, Sports Medicine Australia or Unigym for any loss, damage or injury that may arise from any person acting on any statement or information contained in this tool.

**DECLARATION OF UNDERSTANDING**

I have answered the Health Screen honestly and to the best of my knowledge. I understand that when exercising, I do so at my own risk. I know that if at any time I feel unsafe or unsure of safe gym practice, I should seek a Unigym staff member for help. I also acknowledge that have been provided with a copy of the Unigym Terms and Conditions booklet and understand that I will receive regular correspondence from the Unigym informing me of upcoming events and changes that may affect my membership. I have been informed, and understand, that I should make myself aware of all applicable Terms and Conditions before signing for membership, as I will be bound by them when I become a member. I specifically acknowledge that my attention has been drawn to the Terms and Conditions relating to responsibility for personal injury that I might suffer when participating in activities at Unigym.

SIGNATURE

DATE / /