



Date:

Membership Number:

MOORA HEALTH & FITNESS
 Roberts St, Moora 6510 | Ph: 9651 0000
shire@moora.wa.gov.au
 ABN 45 433 615 491

Gym Membership - Health Screening

Personal Details

Name	
Date of Birth	
Phone No.	
Email	

Emergency Contact

Name	
Relationship	
Phone No.	

Medical Information (Please tick all appropriate boxes)

Please Indicate below if you suffer from or have Family history of any of the following conditions?

High blood pressure	Y	N	Diabetes	Y	N
Low blood pressure	Y	N	Epilepsy	Y	N
High cholesterol	Y	N	Stroke	Y	N
Heart Conditions	Y	N	Dizziness/ Fainting	Y	N
Lung conditions	Y	N	Blood clots	Y	N
Arthritis	Y	N			

If you answered **YES** to any of these conditions, please seek Medical advice prior to undertaking any physical activity.

If you answered **NO** to all questions and you have no concerns about your health, you may proceed to undertake physical activity/ exercise at your own risk.

I believe to the best of my knowledge that the information I have provided is correct.

Signature: _____ Date: _____