



Health Declaration Form to an Applicant Planning to Exercise in the Gym

Name and surname: _____

ID Number: _____ Age: _____

Part I - Medical Questionnaire

Please read the questions below thoroughly and follow these guidelines:

- A. If the answer to **one or more** of the questions in Part I of this form is **yes**, then your acceptance to the gym requires a medical certificate from a doctor, in which the doctor confirms that there is no risk to your health by workout at the gym; the medical certificate must not undergo three months from the date of issue.
- B. If **all the answers** to the questions in Part I of this form are negative - fill in Part II of this form and sign it.
- C. In case of a change in your medical condition, consult a doctor about further activity at the gym.

Please answer yes or no:

1. Did your doctor advise you that you suffer from heart disease? _____
2. Do you feel chest pain:
 - a. At rest? _____
 - b. During routine operations on a daily basis? _____
 - c. While you exercise your body? _____
3. During the last year:
 - a. Did you lose balance because of dizziness? _____
(Write no - if the dizziness was due to hyperventilation during vigorous exercise)
 - b. Did you lose consciousness? _____
4. Did your doctor detect that you suffer from asthma, and in the last 3 months:
 - a. You required medication? _____
 - b. You suffered from shortness of breath or wheezing? _____
5. Had one of your immediate family members died from:
 - a. Heart disease? _____
 - b. Sudden death at an early age? _____
(Before the age of 55 for men and before the age of 65 for women)
6. In the last 5 years did your doctor tell you to perform exercise only under medical supervision? _____
7. Do you suffer from constant illness (chronic), which is not mentioned in the questions above and may prevent or restrict you from physical activity? _____
8. Pregnant women - is this pregnancy or a pregnancy before defined as at risk? _____

Part II - Declaration:

I, the undersigned, certify that I have read and understood all the medical questionnaire in **Part I** of this form and all answers to the questions in this form are negative; I declare that I gave full and correct information about my medical condition, past and present, according to the questions I was asked in the questionnaire.

I know that after two years from the date of signing this health declaration, I will be required to submit a new health declaration.

Name and Surname: _____ Date: _____

Signature: _____

** The health benefits of regular exercise is clear; It is important that more people will be active throughout the week; Exercise is very safe for most people; This questionnaire will clarify for you in what cases you should consult your doctor and bring a medical certificate before you begin working out at the gym.

** It is important to emphasize that physical activity is recommended after receiving training and gradually, especially if you're over 45 and if you plan to perform high intensity activity that was not done before.