PRE-EXERCISE QUESTIONNAIRE

Eureka Tower

Just place an x to indicate 'Yes' or 'Not Sure'

Name: _____ DOB: _____ Age: ____ Male/Female

Apt / Address: _____ Postcode: _____

Occupation/Employer: _____

Contact Details: Work : _____ Home: _____

Mobile: _____ Email: _____

Person to contact in case of an accident *(name & relationship):* _____

Contact Numbers: Work: _____ Home: _____

HAVE YOU EVER HAD OR DO YOU HAVE?

Anyone in your family under 60 suffered heart disease, stroke, raised cholesterol or sudden death?..... ☐

Are you male over 35 or female over 45?..... ☐

Are you on any prescribed medications?..... ☐

Have you been hospitalised recently?..... ☐

Have you given birth in the last six weeks?..... ☐

Are you pregnant?..... ☐

Do you have any infections or infectious diseases?..... ☐

DO YOU HAVE OR HAVE YOU HAD? ☐

Gout	☐ Glandular fever	☐ Any heart condition	☐	
Stroke	☐ Rheumatic fever	☐ Heart murmur	☐	
Diabetes	☐ Dizziness or fainting	☐ High blood pressure >140/90	☐	
Epilepsy	☐ Stomach or duodenal ulcer	☐ Palpitations/ pains in the chest	☐	
Hernia	☐ Liver or kidney condition	☐ Raised cholesterol triglycerides	☐	

If you ticked please give details of conditions, medications and approximate date cleared.

_____

_____

IF YOU CROSSED X YES OR NOT SURE PLEASE TAKE THIS FORM TO YOUR DOCTOR & ASK FOR CLEARANCE TO EXERCISE BEFORE STARTING ANY PROGRAM OR SIGN BELOW IF YOU HAVE ALREADY CLEARED THE ABOVE CONDITION WITH YOUR DOCTOR.

Condition Cleared

Signed

HAVE YOU EVER HAD OR DO YOU HAVE?

Arthritis	☐	Asthma	☐
Muscular pains	☐	Do you smoke?	☐
Cramps	☐		

Any pain or major injuries particularly in the following areas:

Neck	☐	Back	☐
Knees	☐	Ankles	☐

Are you dieting or fasting?..... ☐

Are there any other conditions, which may be reason to modify your exercise programme?..... ☐

IF YOU CROSSED X PLEASE ASK TRAINER FOR EXERCISE CLASS OR PROGRAM GUIDANCE BEFORE STARTING. Medical clearance for this condition (doctor to attach note if req'd). Indicate by signing bottom statement.

What exercise have you been doing recently? Type of Exercise: _____

Intensity (please circle): Hard Medium Light How long? _____ How often? _____

PLEASE READ THE FOLLOWING EXERCISE ADVICE CAREFULLY: Ask any staff member to guide you into the most suitable class or program. Work at a low level on your first visit and concentrate on learning to do the exercises properly. On each visit you will be able to work a little harder. Be sure to limit yourself to a pace where you can still talk comfortably. Should you suffer any injury, illness or condition in the future, please tell us by completing this form again. It is recommended that all males over 35 and females over 45 should have a medical assessment including an Exercise ECG and Cholesterol/Lipid count.

STATEMENT: I recognise that the instructor is not able to provide me with medical advice with regard to my medical fitness and that this information is only used as a guideline to the limitations of my ability to exercise. I have answered the questions to the best of my ability and understand the advice above. Where I have indicated YES to a question I have followed that up with my doctor to ensure it is safe for me to undergo a fitness assessment and begin my exercise program.
I acknowledge and agree that my participation in the EUREKA facility is entirely at my own risk. I hereby release and forever discharge property essentials and its employees, officers, contractors (including without limitation Just In Time Personal Training) and agents from any liability which they may have to me arising from any loss of or damage to my property or any personal injury (including death) which I may suffer as a result of my membership of or participation in the EUREKA gym.

Signed: _____ Date: _____

FACILITY INDUCTION

CARDIOVASCULAR EQUIPMENT

Awareness and understanding of Gym rules and regulations		☐
Treadmill	Start/Stop	☐
	Speed adjustment	☐
	Incline adjustment	☐
Stepper		☐
Cross trainer		☐
Bikes	Seat Height Adjustment	☐
Rower	Technique	☐
Training Intensity	Heart Rate for age	☐
Stretching		☐

WEIGHT TRAINING EQUIPMENT

Weight Machines	Adjusting Weight (pin)	☐
	Incremental Weights	☐
	Exercise Diagrams	☐
	Adjusting Angle	☐
Free Weights		☐
Fit Balls	Safety	☐

WET AREA

Awareness and understanding of Wet Area rules and regulations	☐
Sauna	☐

Disclaimer:

I hereby confirm I have been inducted in the use of the Eureka Tower Recreational Facilities. I am aware that providing access to an individual who has not completed a Gym Induction is a breach Owner's Corporation Rules and can result in Gym access being revoked. All residents are required to complete a Gym Induction before accessing the Recreational Facilities. Persons accessing these facilities without having completed an induction will be doing so against Owner's Corporation Rules and at their ***own risk****.*

Name _____

Signed _____

Date _____

Access Pass Number _____ _____

Apartment Number _____

Office Use only

C.S.P No. _____ Assigned to _____

Date Entered. _____ Date Completed _____

Entered by _____ Completed _____