**Membership Application & Pre-participation Screening Questionnaire**

Regular physical activity is fun and healthy, and more people should become more physically active every day of the week. Being more physically active is very safe for MOST people. This questionnaire will tell you whether it is necessary for you to seek further advice from your doctor OR a qualified exercise professional before becoming more physically active.

**Membership type (please tick):** Community: Gym only □ Senior (Gym) □ Senior (Exercise) □ Senior (Sport) □ Senior (Gym, Exercise & Sport) □ Corporate □ Referral □ Pay as you go (PAYG) □

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dr/Mr/Mrs/Miss/Ms

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contact number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In case of emergency, who may we contact?**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:**  **Home** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mobile** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GP name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Surgery & Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **SECTION 1 - GENERAL HEALTH** | | | |
| **Please read the 7 questions below carefully and answer each one honestly: check YES or NO.** | | **YES** | **NO** |
| 1. | Do you have or ever suffered a heart condition? |  |  |
| 2. | To your knowledge, do you have high blood pressure? |  |  |
| 3. | Do you have or ever have been diagnosed with another chronic medical condition (lasting longer than 3 months) other than heart disease or high blood pressure for which you are taking medication? |  |  |
| 4. | Are you currently taking prescribed medications for your heart condition or high blood pressure? |  |  |
| 5. | Do you have a bone or joint problem that could be made worse by becoming more physically active? (Please answer NO if you had a joint problem in the past, but it does not limit your current ability to be physically active. For example, knee, ankle, shoulder or other.) |  |  |
| 6. | Has your doctor ever said that you should only do medically supervised physical activity? |  |  |
| 7. | Do you lose balance because of dizziness? Have you lost consciousness or feinted in the last 12 months? Please answer NO if your symptoms were associated with over-breathing (including during vigorous exercise). |  |  |
| 8. | Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity? |  |  |
| 9. | Do you experience unreasonable breathlessness at rest, during your daily activities of living, OR when you are doing light physical activity? |  |  |
| 10. | Are you aware of a forceful, rapid, or irregular heart rate? |  |  |
| 11. | Do you experience burning or cramping sensations in the lower part of your legs when walking short distances? |  |  |
| 12. | Have you undertaken planned, structured physical activity for at least 30minutes at a moderate level of intensity on at least 3 days per week for at least the last 3 months? |  |  |

If you answered **NO** to Q.1 - 11, you are cleared for physical activity.



Please complete the remaining sections of this form, sign the declaration & then bring

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it to the Riverside centre prior to your first session.

If you answered **Yes** to any Q.1 – 6, & Y**es** to Q.12 you are cleared for physical activity **but**

at a moderate level of intensity **&** under the guidance of a qualified fitness instructor.

Complete the next section of this form, sign the declaration & contact us at

riversidefitnesssuite@worc.ac.uk to arrange a suitable time book your 1st session with a qualified

fitness instructor.

If you answered **YES** to any Q.1 – 5 & **NO** to Q.6, please download & compete the supplementary health screening questionnaire (link). You’ll need to bring both forms to the Riverside centre for a qualified Health & Fitness Officer to pass & clear you for exercise.

If you answered **YES** to one or more of Q.7 - 11, YOU ARE ADVISED TO SEEK MEDICAL ADVICE BEFORE STARTING A PHYICAL ACTIVITY PROGRAMME.

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**OR**

If you answered **YES** to one or more of Q.7 - 11 & Q.12 above, YOU ARE ADVISED TO DISCONTINUE ANY PHYSICAL ACTIVITY & SEEK MEDICAL CLEARANCE BEFORE RESUMING.

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**Induction video**

I declare that I have viewed the Gym Membership induction YouTube video on the Riverside Centre Fitness Suite Webpage or at the Riverside Centre.

**Agree (Please tick)**

**Data Protection**

We are requesting this information from you so that we can assess your suitability of participation in physical activity programmes offered at the Riverside Centre Fitness Suite

The processing of all this data is dependent upon your explicit consent (GPDR *Article 6(1)(a) & Article 9(2)(a)).*

I consent to my personal information being processed in accordance with the purpose identified on this data collection form.

**Agree (Please tick)**

We may also use this information to contact you with details of additional services being offered at the centre*.*

**Agree (Please tick)**

For the same purpose we may provide this information about you to your GP or other health care professional where we require medical clearance from them to enable you to participate safely in the physical activity programme of your choice.

**Agree (Please tick)**

Please note that the University of Worcester is the Data Controller and details of how we process your data including how long we retain it and your rights are detailed on: https://www.worcester.ac.uk/informationassurance/103.html

**DECLARATION**

Please read and sign the declaration below:

*I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I acknowledge that this physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if my condition changes.*

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_

**OFFICE USE ONLY:**

**Amount Paid** ................... **Staff Name** ...............................

**Payment Type:** S/O **Membership Number:** ……………………

**Date:**

**Details entered on database?** Y / N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Card Created:**  Y / N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Member contacted to collect card** Y / N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_