



DANUM CROSSFIT HEALTH QUESTIONNAIRE

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Disclaimer

You are required to complete a questionnaire which helps us to examine your medical history and any previous or existing injuries. Whilst there are lots of benefits from taking part in regular exercise there are also some risks involved. The risk of any problems arising whilst exercising will be minimised if you obtain permission from your doctor to undertake any exercise programme.

Please make sure that you fully understand the information given to you during your induction, and if you have any doubts at any point, either about the suitability of the exercises shown to you or the setup of any equipment, you should refer back to either your medical practitioner or one of the coaches.

Danum CrossFit can accept no liability for personal injury related to participation during use of the facilities if a) your doctor has, on health grounds, advised you against such exercise. b) you fail to observe instructions on safety or technique. c) such injury is caused by the negligence of another participant in the facility.

Personal Details

Name

Gender M F

Address

Telephone

Email

Height

Weight (KG)

Have you done CrossFit before?

If yes, how long ago did you last do CrossFit?

Have you exercised in a gym in a gym before?

If yes, how long ago did you last go to the gym?

Type of Membership (e.g. three times a week, unlimited)

Emergency Contacts

General Practitioner Name

Address

Telephone

Email

Next of Kin/Emergency Name:

Address

Telephone

Please read the questions carefully and answer each one honestly. Answering yes or no and adding more information if necessary. Your responses will be kept in the strictest of confidence.



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Medical Details

1 Has your doctor ever said that you had a heart problem? Yes No

If yes, please include details:

2 In the past month have you ever had any chest pain when: Doing Activity Yes No | Resting? Yes No

3 Are you currently taking medication for: A heart problem? Yes No | Any other problems? Yes No

If yes, please include details:

4 Do you have any bone or joint problems? Yes No

If yes, please include details:

5 In the past year have you had any major illness or major surgery? Yes No

If yes, please include details:

6 Do you consider yourself to have any injuries, illnesses, medical conditions or disabilities? e.g. High blood pressure, asthma, visual, hearing or physical impairments Yes No

If yes, please include details:

7 Are you pregnant? Yes No

8 Have you recently had a baby? If yes how long ago?

9 Do you ever lose your balance because of dizziness or lose consciousness? Yes No

If yes, please include details:

10 Is there any other information about your state of health or medical history we need to know about? Yes No

If yes, please include details:

If you have answered YES to one or more questions **WE MAY NEED TO CONTACT YOUR DOCTOR** before you can start to exercise.

IF YOUR HEALTH CHANGES PLEASE INFORM A MEMBER OF THE FITNESS TEAM.

I have read, understood and completed this questionnaire. Any questions that I had were answered to my full satisfaction.

Signature

Date

Signature of Parent/Guardian (if under 16):

Date