

Gym and Fitness Center Visitor Health Declaration

Please complete this health declaration form before using the gym and fitness center facilities. This document is intended for printing and manual record-keeping.

1. Visitor Personal Information

Full Name:

Date of Birth (DD/MM/YYYY): Date of Visit:

Phone Number: Email Address:

2. Emergency Contact Information

Contact Person Name:

Relationship: Contact Phone Number:

3. Health and Medical Declaration

Please write **YES** or **NO** in the space provided for each question:

1. Has a doctor ever stated that you have a heart condition or high blood pressure?

2. Do you feel pain in your chest when you perform physical activity?

3. Do you ever lose your balance because of dizziness or do you ever lose consciousness?

4. Do you have a bone, joint, or muscle problem that could be made worse by physical activity?

5. Are you currently feeling unwell, or have you experienced fever, cough, or difficulty breathing in the last 48 hours?

6. Do you know of any other reason why you should not do physical activity?

If you answered YES to any question, please provide details:

4. Acknowledgement and Signature

I hereby declare that the information given above is true and correct to the best of my knowledge. I understand that engaging in physical exercise at this facility involves potential risks of injury, and I choose to participate voluntarily.

Visitor Signature (Sign on printed copy):

Date Signed: