



PRE-ACTIVITY QUESTIONNAIRE						
<p>In preparation for physical activity, please tell us about ALL of your existing medical and physical conditions, and who to contact in an emergency. It is your responsibility to complete this form before participating in any physical activity. For any conditions that can be affected by exercise, you may be asked to consult your doctor and obtain a written medical clearance to exercise. Please give this clearance to your Bond University Sports Centre reception staff. The information contained will be treated as confidential and only revealed to relevant staff for your safety. Please note that it is your responsibility to inform us of any changes in your medical or physical condition.</p>						
<b>1. Please answer the following questions:</b>				<b>YES</b>	<b>NO</b>	
Has your doctor ever told you that you have a heart condition, or have you ever suffered a stroke?					<input type="checkbox"/>	
Do you ever experience unexplained pains in your chest at rest or during physical activity/exercise?					<input type="checkbox"/>	
Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance?					<input type="checkbox"/>	
Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?					<input type="checkbox"/>	
If you have diabetes (type I or type II) have you had trouble controlling your blood glucose in the last 3 months?					<input type="checkbox"/>	
Do you have any diagnosed muscle, bone or joint problems that you have been told could be made worse by participating in physical activity/exercise?					<input type="checkbox"/>	
Do you have any other medical condition(s) that may make it dangerous for you to participate in physical activity/exercise? E.g. sudden weight loss.					<input type="checkbox"/>	
IF YOU ANSWERED 'YES' to any of the 7 above questions, please seek guidance from your GP or appropriate allied health professional prior to undertaking physical activity/exercise						
<b>2. Have you ever suffered from the following?</b>		<b>YES</b>	<b>NO</b>		<b>YES</b>	<b>NO</b>
Asthma				Heart problems/disease		<input type="checkbox"/>
Arthritis				High blood pressure		<input type="checkbox"/>
Chest pains				High cholesterol		<input type="checkbox"/>
Dizziness/fainting				Low blood pressure		<input type="checkbox"/>
Epilepsy				Kidney condition		<input type="checkbox"/>
<b>3. Do you have or have you had, any serious joint / muscular or other pains / injuries in any of the following regions?</b> <input type="checkbox"/> Ankles/feet <input type="checkbox"/> Knees <input type="checkbox"/> Shoulders <input type="checkbox"/> Lower Back (Discs) <input type="checkbox"/> Lower Back (Muscular) <input type="checkbox"/> Hips/pelvis <input type="checkbox"/> Elbows <input type="checkbox"/> Neck <input type="checkbox"/> Wrists <input type="checkbox"/> Other - please describe: _____						
<b>4. Are you currently taking any medication/s?</b>				<b>YES</b>	<b>NO</b>	
				<input type="checkbox"/>	<input type="checkbox"/>	
<b>5. Are you, or have you recently been pregnant?</b>				<b>YES</b>	<b>NO</b>	
				<input type="checkbox"/>	<input type="checkbox"/>	
<b>6. Are you currently exercising?</b>				<b>YES</b>	<b>NO</b>	
				<input type="checkbox"/>	<input type="checkbox"/>	
If YES, how many times a week? _____ <input type="checkbox"/> Easy/light <input type="checkbox"/> Moderate <input type="checkbox"/> High intensity						
<b>7. Have you exercised in the past?</b>				<b>YES</b>	<b>NO</b>	
				<input type="checkbox"/>	<input type="checkbox"/>	
<b>MEMBERS' AGREEMENT</b> <ul style="list-style-type: none"> <li>- I understand that it is my responsibility to advise Bond University Sports Centre staff of any medical/physical conditions that may prevent me from exercising, and that I participate in exercise at my own risk;</li> <li>- I confirm, that the information provided in Pre-Activity Questionnaire is true and correct;</li> <li>- I understand that the instructor is not able to provide me with a medical advice;</li> <li>- I acknowledge that my membership is non-transferable;</li> <li>- I have read and agree to abide by all the conditions of <a href="#">Bond University Sports Centre Policy and Memberships Schedule</a>;</li> <li>- This membership agreement has a cooling off period of 7 days;</li> <li>- I understand that this membership agreement will cease when employment at Bond University will cease;</li> <li>- Any refunds for the remaining memberships term will be calculated and processed upon a request (won't be automatically processed);</li> <li>- I understand that a minimum two (2) weeks' notice is required to cancel the Membership;</li> <li>- For Ongoing payroll deduction Membership type: I authorise Bond University to deduct the amount of \$17.30 as a fortnightly, as ongoing Salary Sacrifice deduction. This option represents an ongoing, salary packaged membership in nature – no pause/restart functionality is available. I understand that independent financial advice should be sought before entering into a salary sacrifice arrangement.</li> </ul>						
<b>Signature:</b>			<b>Date:</b>			

Please sign and e-mail the form to Bond University Sports Centre e-mail: [sportscentre@bond.edu.au](mailto:sportscentre@bond.edu.au) or submit in person.

Upfront memberships can be purchased at the Sports Centre reception.