HEALTH DECLARATION

KUDOS GYM

Name ……. Surname: …….

Date of Birth …../……/…….

Address :……..

postcode……. City…….

State ……..

Mobile Phone ……

Email: …….. Emergency contact : ……

Questions regarding your overall heath

1. Are you currently healthy ? Yes No
2. Do you suffer from one of the following conditions :

-Heart disease	YES	NO
- Serious Hypertension	YES	NO
- Epilepsy	YES	NO
- Kidney failure	YES	NO
- Serious asthma	YES	NO
- Recently performed surgery	YES	NO
- Migraine	YES	NO

- Auto-immune diseases (such as rheumatism, MS, Crohn, diabetes, asthma) , if so which one and what medication are you taking.

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3. Please state any other injuries, operations and treatments that you had

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4. Do you currently use any medication ?

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5. Are you currently pregnant or do you wish to become pregnant ? YES NO
6. Do you suffer any allergies ?

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7. Is there anything else your trainer should know about

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I…….. hereby declare two have filled out this form truthfully.

Date ……/……/……. Signature ……..