



Group Fitness Registration

Physical Activity Readiness Questionnaire

Personal Details:

Surname: _____ Given Names: _____ RMIT Staff/Student ID: _____

Email Address: _____ Date of Birth: _____

Home Phone: _____ Mobile: _____

Emergency Contact Details:

Name of Contact: _____ Ph: _____

Doctors Name: Doctors: _____ Ph: _____

Questions:

1. Has your doctor ever told you that you have a heart condition or have you ever suffered a stroke?
 Yes No _____

2. Do you ever experience unexplained pains in your chest at rest or during physical activity/exercise?
 Yes No _____

3. In the past month, have you had chest pain when you were not doing physical activity?
 Yes No _____

4. Do have any problems with balance or dizziness?
 Yes No _____

5. Have you had any recent problems with unconsciousness?
 Yes No _____

6. Do you have a bone or joint problem that could be made worse by a change in physical activity?
 Yes No _____

7. Can you think of anything else health-related that would prevent you from exercising/cause any concerns
 Yes No _____

If you have answered YES to any of the above questions please obtain a medical clearance from your GP.

Conditions of use:

1. I declare that I am physically and mentally sound to undertake an exercise program
2. I acknowledge that any of the equipment, facilities, exercise programs, classes and activities held at the premises of RMIT Staff Fitness are undertaken freely and voluntarily by myself and entirely at my own risk.
3. Whilst on the premises of RMIT I use the facilities at my own risk and will not hold RMIT Staff Fitness responsible for my personal property or any injury incurred.

I have read and agree to abide by the rules:

Member/Guest signature: _____ Date: _____ Staff: _____

Return form to: staff.fitness@rmit.edu.au or in person to Staff Fitness customer service 08.03.23