Auditoriums, Guest houses and Restaurants Branch, Operations Division

To register at the Fitness Center, fill in and submit the Health Declaration Form.

Name and Last Name:
ID Number:

1. If you are suffering from heart disease:
- Is this a conclusion of your doctor?

2. Do you have chest pain:
- During rest?

3. Do you have a history of respiratory disease:
- Is this a conclusion of your doctor?

4. Are you using medication for asthma and do you need treatment:
- During the last three months?

5. Have any family members died from heart disease:
- Within the last three months?

6. Do you regularly perform physical exercise:
- Are you under the supervision of your doctor?
- Is there a possibility of injury or harm?

7. Are you pregnant:
- Is this a conclusion of your doctor?

8. Do you have any other medical conditions:
- That are not mentioned above and may affect or limit your ability to exercise?

I declare that I have read and understood all the medical questions in this form and all the answers to the questions in this form are negative.

I hereby certify that I am in good health and in good shape and that I have no medical conditions that may affect my ability to exercise.

Name and Last Name:
Date:
Signature:

The benefits of regular physical exercise are clear: it is important for more people to be active every day of the week, in order to improve their health.

It is highly recommended to perform physical exercise after consultation and planning, especially if you are over 45 and planning to perform high-intensity exercises.

The Center is open to men and women over the age of 18 who have provided their medical declaration.

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*Health Declaration for People requesting to Exercise in the Gym

Name:________________________________________ ID:_____________________ Age:__________

Please read the following questions thoroughly, and follow the instructions:

A. If the answer to one or more of the questions in part one of this questionnaire is positive, then, in order to be accepted to the gym, you must provide a medical certificate from a doctor who confirms that your health is not endangered by exercising in the gym. The gym will only accept such a certificate if presented within three months of date of issue.

B. If all the answers to the questions in part one of this questionnaire are negative – complete the declaration in part two of this questionnaire, and sign it.

C. In any event of change in your medical condition, you must consult with a doctor concerning future use of the gym.

Part One : Medical Questionnaire
(The questionnaire is phrased in the masculine gender for the sake of convenience, but applies to women also)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>1. Has your physician advised you that you suffer from a heart condition?</td>
<td></td>
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<td>2. Do you feel pains in your chest -</td>
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<tr>
<td>A. While resting?</td>
<td></td>
<td></td>
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<tr>
<td>B. During regular day-to-day activity?</td>
<td></td>
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<tr>
<td>C. During exercise?</td>
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<td>3. Have you during the last year-</td>
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<tr>
<td>A. Lost your balance as a result of dizziness? Write no – if the dizziness is a result of hyperventilation (including during vigorous exercise)</td>
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<tr>
<td>B. Lost consciousness?</td>
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<tr>
<td>4. Has your physician diagnosed asthma, and as a result in the last three months-</td>
<td></td>
<td></td>
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<tr>
<td>A. You have required medicine?</td>
<td></td>
<td></td>
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<tr>
<td>B. You have suffered from shortness of breath, or wheezing?</td>
<td></td>
<td></td>
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<tr>
<td>5. Has a close relative died -</td>
<td></td>
<td></td>
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<tr>
<td>A. From heart disease?</td>
<td></td>
<td></td>
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<tr>
<td>B. From sudden death at an early age? (For men before 55, women before 65)?</td>
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<tr>
<td>6. Has your physician told you in the last five years only to undertake physical activity under</td>
<td></td>
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<td>7. Do you suffer from any long-term/chronic condition, which is not mentioned in the previous</td>
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<td>8. For pregnant women: Has this, or any previous, pregnancy been diagnosed as high risk</td>
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</table>

Part Two: Declaration

I, the undersigned, hereby declare that I have read and understood the medical questionnaire in Part One, and that all the answers to all the questions are negative: I declare that I have given full and correct information about my past and present medical condition, in the questions that I was asked in the above questionnaire.

I am aware that two years after signing this medical declaration, I shall be required to produce a new health declaration.

Name:________________________________________ Signature:_________________________ Date:_______________

*The health advantages of regular exercise are clear: It is important that more people exercise every day. Exercise is very safe for most people, and this questionnaire clarifies for you in which situations you should consult with a physician and bring a medical certificate before beginning exercise in a gym.

We must stress that it is advisable to undertake exercise gradually, and after instruction, especially if you are aged over 45 and you intend to undertake highly intensive exercise, to which you are not accustomed.